

Command of USS Theodore Roosevelt changes hands

By AN D.J. Schwartz, USS Theodore Roosevelt

Posted November 1, 2019

SAN DIEGO - The aircraft carrier USS Theodore Roosevelt (CVN 71) held a change of command ceremony on the ship's flight deck, Nov. 1.

Capt. Carlos Sardiello turned over the role of commanding officer to Capt. Brett Crozier.

Guest speaker Vice Adm. DeWolfe H. Miller III, commander, Naval Air Forces, praised the achievements of Theodore Roosevelt and its crew under Sardiello's leadership.

"Suffice it to say that Capt. Sardiello is a leader who leads by example and inspires others to exceed even their own expectations," said Miller. "He excels at leading Sailors - the lifeblood of our ships. He takes care of his people and sets them up for success."

During his speech, Sardiello thanked and attributed his success as commanding officer to his crew, known as the "Rough Riders."

"We are fortunate for each sailor, officer or enlisted aboard because they are just plain amazing, are all essential, and all play an important role in our team's success," said Sardiello.

Sardiello assumed command of Theodore Roosevelt in July 2017 and successfully led the crew on a deployment in support of Operation Freedom's Sentinel and Operation Inherent Resolve which included over 50,000 miles sailed, and more than one 1,000 combat sorties that dropped 159 weapons on target.

Following the combat deployment, Sardiello oversaw Theodore Roosevelt as it successfully completed an arduous maintenance availability period 25 days early. Sardiello also led the ship through exercise Northern Edge 2019 in the Gulf of Alaska operating area, marking the first time in 10 years that a U.S. Navy aircraft carrier participated in the exercise.



Capt. Carlos Sardiello, the outgoing commanding officer of USS Theodore Roosevelt (CVN 71), gives remarks during the aircraft carrier's change of command ceremony, Nov. 1. (U.S. Navy/Airman D.J. Schwartz)

In his parting words to the crew, Sardiello again thanked everyone aboard under his leadership and praised the work that they accomplished.

"We could not be more proud of the accomplishments through the blood, sweat, and tears of joy and pain that have been invested over the past two and a half years on TR," said Sardiello. "It has been an honor to serve as the 15th commanding officer of USS Theodore Roosevelt."

Sardiello is a native of Fremont, Calif., and is a graduate of the U.S. Naval Academy, class of 1990. He previously served as the executive officer aboard USS George Washington (CVN 73) and commanding officer aboard USS Mount Whitney (LCC 20) before taking command of the Coronado-based carrier.

Sardiello now heads to Commander, Naval Air Forces command.

New commanding officer, Capt. Crozier, from Santa Rosa, Calif., previously served as the executive officer aboard USS Ronald Reagan (CVN 76) before assuming command of the U.S. 7th Fleet flagship USS Blue Ridge (LCC 19). He has also made multiple combat deployments in support of U.S. operations including Southern Watch and Iraqi Freedom.

"Men and women of Theodore Roosevelt, you have dedicated yourselves to an incredibly noble cause, choosing not what is easy, but what is right and just in the service of our great nation; to be ready for combat and always guarantee our peace," said Crozier while addressing the crew for the first time. "You are doing it on the greatest warship in the world, and I am proud to be serving alongside you as we sail wherever our nation requires in the coming years."



Capt. Brett Crozier addresses the crew for the first time as commanding officer of USS Theodore Roosevelt (CVN 71). (U.S. Navy/MC3 Sean Lynch)



Vice Adm. DeWolfe Miller, center-left, commander of Naval Air Forces, awards Capt. Carlos Sardiello, commanding officer of USS Theodore Roosevelt (CVN 71), with the Legion of Merit. (U.S. Navy/MC3 Sean Lynch)



The aircraft carrier USS Theodore Roosevelt (CVN 71), guided-missile destroyer USS Russell (DDG 59), left, and guided-missile cruiser USS Bunker Hill (CG 52), transit in formation in the Pacific in July. (U.S. Navy/MC2 Anthony J. Rivera)

27 February 2020

From: Vietnam ADVON Team
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 27 FEB

Encl: (1) New Pier Layout Proposal
(2) OHO/SECO ADVON schedule

1. Day 1 Summary: ADVON team arrived in Da Nang at 0645 and checked in to the Golden Bay Hotel. Team conducted an initial synch meeting with the US Country Team (USCT) and the Contracting Officer Representative (COR). Break out meetings were then conducted with a Vietnamese medical contingent and a Press team.

2. Logistics Highlights:

- Discussed traffic flow within the port facility and how not to have bus traffic cross pedestrian traffic. Final layout will be provided by 4 MAR.
- Bus quantity will be decreased to 42 (vice 44) since PNK has dropped out.
- For the reception, 1 x 26 pax bus will be provided to shuttle guests from parking to ECP (~1 min) and 1 x 25 pax bus will shuttle guests from the port main gate to the ECP.
- There will be 15 MWR buses and 4 COMREL buses. Buses will wait on-station until tour/COMREL is complete.
- Inspection of liberty boats will take place on 3 & 4 MAR.
- Trash barge will be provided 24 hours a day off of ACE 4 .
- COR has stated that parking on the pier will come at a charge. Need to get clarification on who will be charged and how much.
- There are currently no food or alcohol services scheduled to be provided on the pier. Working a solution to provide food to sailors who do not wish to leave Fleet Landing.
- A currency exchange will be provided on the pier, except during the Big Top reception hours. The currency exchange will then move onboard the ship to HB3. Details still in work.
- There will be an additional 26 PAX Bus placed into rotation from 1700-2359 to pick up Sailors that are dropped off at the port entrance to transport to ECP. (No pedestrian traffic allowed on the port.)
- COMREL and MWR Tours buses will utilize the chaperone as the bus riders. They will be responsible to sweep the bus prior to loading for the return trip.
- COR is requesting the Contingency plan for securing liberty boats in case of foul weather be typed up and approved by the CO, designating who is responsible for initiating the plan. Propose that the CDO be responsible for making the call.
- There will be SIM cards for Sale, and WIFI jet packs for rent.
- For WiFi to be on the pier, Funboss needs to pay for it. Initial cost estimate is \$8000.00 for 3K user capacity for 5 days.
- Initial talks about CHT, Water, Oily Waste, and Trash Barge went well. We still need to verify services once they arrive on the pier.

3. Medical Highlights:

- DOFA reiterated their commitment to preventing the spread of nCOV. They confirmed that they are still looking to conduct only small group gatherings and do not support any large public gatherings (e.g. a Navy Band concert).
- Vietnam has discharged all 16 suspected cases of nCOV patients. There are no current known cases of nCOV in Vietnam.
- Danang has embarked on a strong communication campaign to educate the population on how the disease is spread, proper hygiene, and reliable sources of information. They have also engaged in a clean-up campaign to sanitize public areas.
- Quarantine procedures are in effect for anyone entering Vietnam from China or South Korea. Personnel entering from these countries will be put into isolation for 16 days, where they will be given accommodation, food, and regular medical checks. If personnel exhibit flu-like symptoms during this time, they will be quarantined at one of two designated hospitals.
- Vietnam indicated that they would like technical education and support from the US Center for Disease Control (CDC). USCT informed them that this request is not within the CVN capabilities and while we are working participation by non-CSG staff, we likely cannot provide CDC participation.
- US ships will not require any additional forms of health declaration since they have not visited high risk countries.
- We agreed upon one health screening check on the Fleet Landing side of the ECP for personnel coming onto the ship and off of the ship. Vietnam stated that they trust that all sailors coming off of the ship are coronavirus-free due to us being underway for more than 16 days and not having visited high risk China or Korea. We proposed using signage, verbal, and then medical personnel screening (temperature scan and additional questioning) as needed to ensure anyone with symptoms is not allowed onto the ship. Signage will suffice for all persons leaving the ship.
- Vietnam offered to transport any personnel with symptoms to one of their two designated nCOV hospitals. They also offered to arrange for a medical tent on the pier. We declined since we have already arranged for a medical tent via the LOGREQ.
- We agreed that we will now do only one medical professional exchange, location TBD. It will occur on 6 MAR from 0900-1630 and will focus on disease prevention. Propose a lecture in the morning and a discussion in the afternoon by SME's brought in by the USCT. No CVN participation required. A medical tour of the CVN was declined after we informed them that we are not equipped to specialize in infectious disease detection or treatment.

4. Security:

- Escorts will be on channels 13, 14 or 15. Attempt communications in that order.
- BG would not disclose their weapons systems and capabilities. SECO informed the Attache that the US will not relax our posture until at anchorage and that Border Guard isn't authorized to inspect the mounts. Attache will discuss further with BG.
- Picket Boat coverage will be provided 24/7 but US cannot have personnel onboard. They will have two English speakers onboard two of the four boats (exact boats TBD).

- New pier layout attached (Enclosure 1). Medical screening will take place inside ECP after processing through ECP. PKN will not be present. Bus pickup changed and reception parking will be North East (above the bus parking area).
- Sailors are encouraged to take the shuttle bus vice a cab back to the pier. Shuttles from the port entrance to the ECP will only be available from 1200-0000.
- If a Sailor is caught out in town past liberty expiration, Vietnam recommends that said Sailor no longer have liberty privileges.

5. COMRELS:

- Language COMREL (0930-1130 - does not include 20 min for transit time to/from Fleet Landing): Request for 30 Sailors to participate. 40 or 50 students will participate (college age). The intent is for the students and sailors split into small groups (2 sailors per 4 students) in various classrooms to do 'conversational English'. Students are fluent in English. Dress code agreed to be t-shirts and pants (no shorts), unless TR leadership prefers Summer Whites or PT gear (or extra soccer game is agreed to - see section 6).
- Students are likely to present small gifts (e.g. pen or lanyard) to sailors. Recommend finding something small for Sailors to give in return (photo, etc.)
- Event gift exchange anticipated at the end of the event - sailors plan to give small TR skateboard.
- The Language site is eager about the band event during the COMREL. The goal is to have them play outside in the front of the school. The area is covered and has a gate in front to try and prevent it from being a 'crowd'.

5. Travel:

- SECO's ticket from Haneda to DaNang was booked but not purchased before leaving the ship. Since VietJet did not accept credit card for ticket purchases at the airport, we were forced to pool our money (they accepted JPN Yen only) and purchase his ticket at the counter. Lesson Learned: Going forward, ensure that all tickets are purchased in advance of CODing off or ensure that if manual purchase is necessary, that enough cash is withdrawn before leaving the ship.
- SECO only had a receipt of his visa purchase. That was insufficient. Airline needed VOA confirmation letter from Vietnam immigration with his name on it. We eventually were able to get a hold of someone at the embassy who forwarded the letter via email. Lesson Learned: Immigration letter with name/passport number is the requirement. Receipt of visa purchase is not enough.
- SECO was held up at customs because he had a ticket trail that indicated he travelled through Korea. This was an area affected by Corona virus and would have required quarantine. Eventually mistake cleared up. No lessons learned, just bad luck.

6. Unresolved Issues:

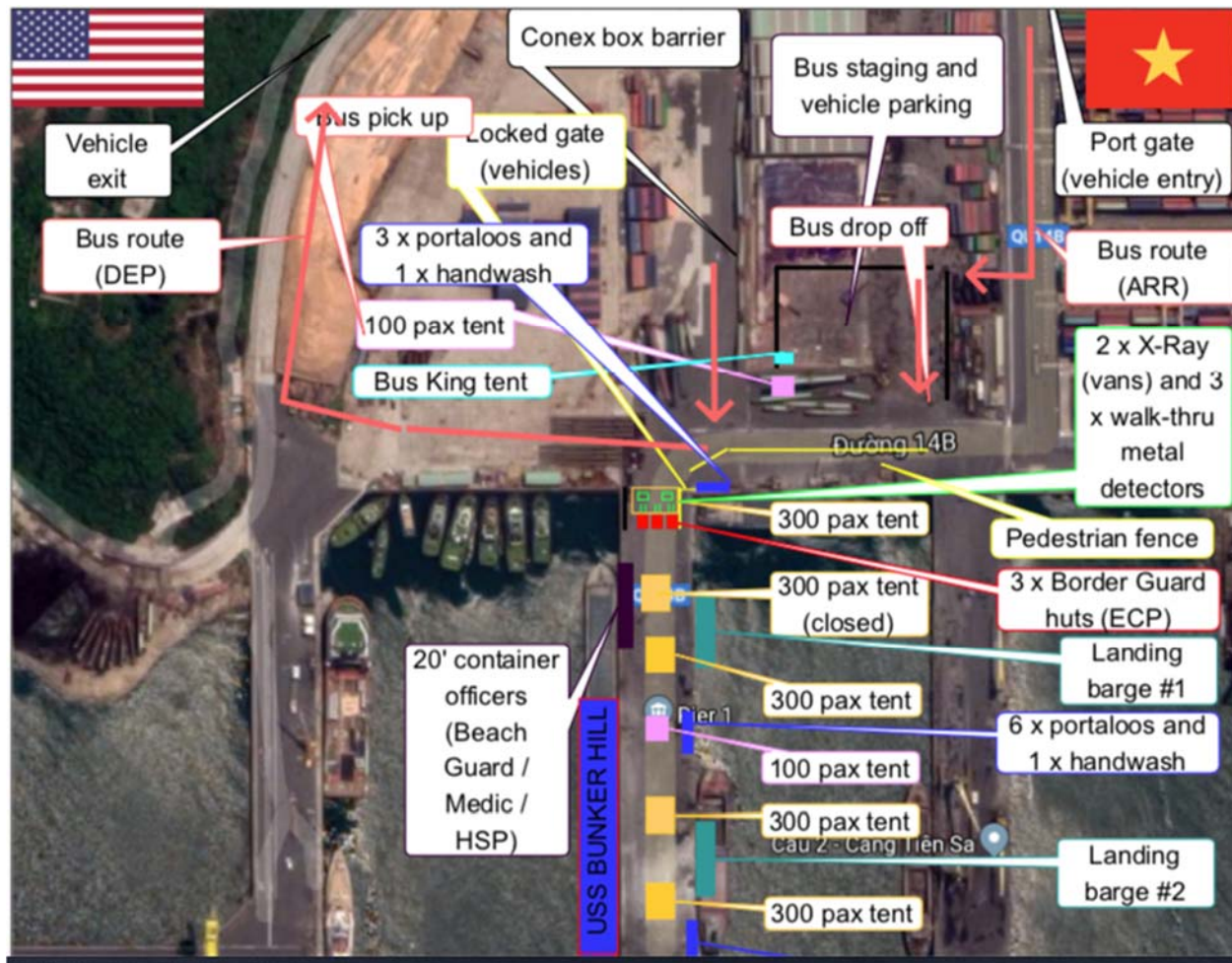
- Overnight liberty. Working to move start of liberty expiration from 0700 to 0500.
- Exact coordinates of BG pickup prior to anchorage.
- EOD: Still TBD on allowing our divers to splash with their divers.

- Request from the Language COMREL site for 10 more sailors to attend the event to participate in a soccer game with students. The school claimed this was a big hit during the last ship visit and they would like to do it again. The soccer match would be in addition to the soccer sporting event already planned.

Very Respectfully,

ADVON Team

Enclosure (1)



Pier Layout Proposal (27 Feb)

Enclosure (2)

OHO/SECO ADVANCE DET CHECK OFF LIST

ENGINEERING

- 2/3 Mar- Inspect CHT Barge
- 2/3 Mar- Verify CHT Connections and hoses

REACTOR

- 2/3 Mar- Inspect Water Barge
- 2/3 Mar- Verify Water Barge Connections

Medical

- 1 MAR- Pull water Sample from each source labeled "Source 1", "Source 2" with a prior to additive test results and after additive test results on bottle.
- 2 Mar- Pull water sample from each barge labeled "Barge 1", Barge 2" with a prior to additive test results and after additive test results on bottle.
- 3 Mar- Hand off 4 test bottles to APAO for transport back to the ship 3 March. Retain test bag and remaining bottles for your arrival for second test 4 Mar.
- 3 Mar- Set up Medical office with pop up tent and medical screening area for tour groups.

DECK

- 2/3 Mar- Inspect Stern Barge.
- 1/2 Mar- Take pictures of; bits, cleats, topographical picture.
- 1/2 Mar- Take picture of 12ft brow with attachment points.
- 1/2 Mar Take picture of fenders attached to stern barge and verify freeboard clearance.
- 2 Mar- Email to 1st LT.
- 3 Mar- Inspect Liberty Boats

Beach Guard Fleet Landing Set up

- 28 Mar- Get Burner phones and 2 Wifi jetpacks
- Get phone listing laying flat
- Get 2 UHF Radios with Chargers
- Make contact with BKH/PIC
- 28 Mar- Establish a Beach Guard Van
- 4 Mar- Establish 2 Channels from ECP to Screening area.
- 4 Mar- Establish Liberty Boat Lines with an E-7 and above line entrance.
- 4 Mar- Set up Beach Guard Office.
- 28 Mar- Get contact with Husbanding Agent

- 1 Mar- Establish a Parking Area for Vehicles
- 1 Mar- Find Parking area for Taxi drop off
- 4 Mar- Set up Bus King Tent
- 4 Mar- Establish Bus lines with an E-7 and above entrance
- TBD- Set up Liberty Boat trackers
- Done- Set up Overnight Liberty log for contingency operation.

COR Schedule:

28 -29 FEB: Meeting to finalize and drive bus routes, liberty drop-offs (site visits), bus & water taxi schedules, and all things transportation.

01 March: Assets may start arriving at the port. Walk-through (or second walk through) of the port, positioning of barges, tentative walk-through of fleet landing setup, and medical water test.

02-03 March: Assets arrive at Tien Sa Port, construction of Fleet Landing, beginning of water asset inspections (barges & taxis), medical test of water barges.

03-04 March: Final inspections and re-inspections of failed or replaced assets, force protection inspections (K9), dive and vetting, and sealing the fleet landing with guards.

(b)
(6)

-----Original Message-----

From: (b) (6) LCDR USN, USS Theodore Roosevelt
<(b) (6)@cvn71.navy.mil>
Sent: Monday, May 11, 2020 12:04 AM
To: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)
<(b) (6)@navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA
(USA) <(b) (6)@navy.mil>
Subject: RE: TR Command Investigation - Request for Response (Judge)

RDML Spedero,

As requested, my answers below:

DESCRIBE THE ADVANCE DET MISSION TO DANANG: Prior to arriving in Vietnam, we understood the port call to be the most significant of the planned port calls of the deployment. We were the second carrier since the end of the war to pull into Vietnam and the visit would also coincide with the 45th anniversary of the end of the war. Preliminarily, there were many events planned, including COMRELS, professional exchanges, and Big Top reception on the ship. The initial advance det mission was to facilitate these events through coordination with Vietnamese partners and ensure a smooth port call. This mission changed drastically with the onset of COVID-19 prior to arrival.

COVID 19 CONCERNS PRIOR TO THE ADVANCE DET: When the ship pulled away from Guam on 10 February, we had no concerns about COVID-19 being on the ship at that time. Prior to arriving in Vietnam on 27 Feb 20, there was a belief that we had a 'clean' COVID free ship. In the three week underway time between Guam and Vietnam port calls, concerns grew steadily about COVID 19 affecting our port call. The news related break outs in China and Korea, but I don't recall any news before arrival of cases in Vietnam, however the advanced det was aware that there was a potential for COVID-19 outbreak in Vietnam prior to the ship pulling in given proximity to China and outbreaks in surrounding countries. Advanced det travel was modified to avoid layovers in Korea because Vietnam began a policy of placing all travelers from China and Korea into quarantine for 16 days as a matter of course. We understood that the heaviest lift when we arrived would be assessing and adjusting to COVID-19 issues.

COVID 19 CONCERNS DURING THE ADVANCE DET: As part of the advance det, I attended several meetings with Da Nang People's Committee, which represented the major institutional interests of the province. I would characterize COVID-19 as THE primary concern of the port visit during these meetings. The Da Nang People's committee showcased the steps they had taken to mitigate COVID-19 in their country. They acknowledged there had been 16 earlier cases that had resolved – all of which occurred in the northern part of the country. They stated there have never been COVID-19 cases in Da

Nang, and there were currently no known active cases anywhere in the country. They initiated a public health campaign to educate the population on how the disease is spread, proper hygiene, and reliable sources of information. They indicated that they would like technical education and support from the US Center for Disease Control (CDC).

For the port visit itself, they wanted to cancel or limit large public gatherings, which resulted in the canceling of the Navy Band Concert, for example. Professional exchanges and COMRELS were ultimately canceled or minimized. Liberty boats and piers disinfected before turned over for our use. Vendors on the pier were curtailed, and food vendors canceled.

The only large group event that was maintained was the Big Top Reception, which was moved from the ship to the Da Nang Golden Bay hotel due to the poor sea conditions. I would estimate there were probably 300 people in attendance. These included the US ambassador to Vietnam, PAC FLEET, CSG 9, TR CO, and several TR heads of department including myself. CDR (b) (6) was the POC of the event. The event was deemed an acceptable risk given there were no confirmed cases of COVID in country, the reasonable mitigation efforts by Vietnam, and the specific measures in place at the hotel. Specifically, everyone who entered the hotel was required to submit to a temperature check and all staff had surgical style masks on. Every servicemember leaving the ship was screened by medical personnel and passive temperature checks using temperature scanners by Vietnamese personnel outside of the liberty pier.

WITH WHOM DID YOU DISCUSS THOSE CONCERNS? Advance det provided daily formal updates to the ship sent to XO CAPT (b) (6), with other leaders cc'd including Senior Medical Officer CAPT (b) (6). These updates are included as attachments to this email. There were also multiple daily phone calls to ship leaders communicating the ground level situation in Da Nang and the evolving steps that we were taking to prepare for the port call.

DID CO OR XO SEEK YOUR LEGAL ADVICE BEFORE SENDING 31 MAR 20 EMAIL AND ATTACHMENT? No, CAPT Crozier nor CAPT (b) (6) sought legal advice before drafting and sending the email/attachment.

IS THERE ANYTHING ELSE YOU'D LIKE TO TELL ME?

Reinstating CAPT Crozier was the right decision.

IS THERE ANYONE ELSE YOU THINK I SHOULD TALK TO?

If you haven't reached out to him yet and you are interested in more information about Navy preparation for the Vietnam port call, I would recommend talking to LCDR (b) (6), Deputy Naval Attaché, at (b) (6) and (b) (6)@state.gov.

MY CONTACT INFO:

In Port: (b) (6)
J-Dial: (b) (6)
Hydra: (b) (6)
Iphone: (b) (6)
Personal Cell: (b) (6)
Personal Email: (b) (6)@gmail.com

Please let me know if you have any additional questions or concerns.

V/r,

LCDR (b) (6), JAGC, USN
USS THEODORE ROOSEVELT (CVN 71)
(b) (6)
FPO AP 96632
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-----Original Message-----

From: Spedero, Paul C Jr RDML USN USFFC (USA)
[mailto:(b) (6)@navy.mil]
Sent: Sunday, May 10, 2020 5:33 AM
To: (b) (6) LCDR USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA); (b) (6) CIV
USN COMNAVSAFECEN NOR VA (USA)
Subject: TR Command Investigation - Request for Response (Judge)

****PRE-DECISIONAL/DELIBERATIVE INFORMATION//~~FOR OFFICIAL USE ONLY~~****

LCDR (b) (6)

I have been appointed as a member of the investigative team by the Vice Chief of Naval Operations, ADM Robert Burke, as part of a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71).

In order to provide an accurate summary of events that occurred, I am reaching out to you for assistance in answering some outstanding questions. Request a response to the questions no later than 2200 EDT on 12 May 2020.

Questions:

Describe the advance det mission to Da Nang? Were there any concerns about COVID-19 (or other issues) that arose before, during, and after the advance det was in Da Nang?

If there were concerns, with whom did you discuss those concerns?

Did the THR CO or THR XO seek your legal advice before sending his 31 Mar 20 email and the attachment in it (that were eventually published)? If so, what was your legal advice?

Is there anything else you'd like to tell me?

If there anyone else you think I should talk to?

We may have some follow up questions after we receive your response. If you are able, can you please provide me with a good phone number for you.

If there is any additional information you would like to add or documents you feel are relevant to this investigation, please provide them with your response. Your voluntary response is requested no later than 2200 EDT on 12 May 2020. Please direct any questions to me at the below contact information or replying all to this email.

Finally, because this is an ongoing investigation you are directed not to discuss your response to me with any other individual until the investigation is completed. Thank you for your time and assistance.

V/r

RDML Paul C. Spedero Jr., USN

Command Investigation Team

(b) (6)

(b) (6) @navy.mil

****PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~****

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28 February 2020

From: Vietnam ADVON Team
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 28 FEB

Encl: (1) Pier photos

1. Day 2 Summary: ADVON team conducted site visit to the pier and 2 COMREL sites. Met with Press POCs and Vietnamese Border Guard.

2. Pier Visit Highlights:

- Pier is 10 minutes from Golden Bay Hotel.
- Liberty boat transit time between TR and the Fleet Landing is approximately 15 min.
- A cargo ship is currently occupying the berth BKH will be moored at. Will be gone 2 days prior to BKH arrival.
- Parking and bus staging areas have been defined. Need to work out pedestrian traffic flow from this spot to the ECP. Shuttle bus should not be required.

3. Logistics:

- Parking at the reception will not be a separate bill. Will be in the "Services supporting parking for bus and fleet landing area" that is already in the Task Order as per (b) (6) (COR)
- Fun Boss and (b) (6) (HSP) are working the details for Wifi.

4. Security/NCIS/Beach Guard/EOD:

- Divers: During today's meeting with Border Guard, they did not object to our proposal to have CVN divers support pier security measures. This afternoon USCT reported that EOD would not be allowed to enter the water at the pier. A translation error was identified by the US team so we will re-engage. Our request is still to allow EOD to swim the surface and not dive (underwater ops) the pier.
- Escorts: (b) (6) from Qube (contract service provider) is working to get the exact coordinates of Pilot/Border Guard pickup.
- Duty Belts: OC and Baton are not authorized on the pier. Security Force Personnel will not need to wear duty belts. Fleet Landing watch standers will have flex-cuffs in pockets.
- BG will be conducting random baggage inspections of personnel leaving the pier. They will allow us to assist with baggage searches.
- BG states that if a Sailor loses their liberty card in town, a rep from the ship will need to confirm at Fleet Landing that the Sailor belongs to the ship.
- BG COL said for all lost cards we need to inform the husbanding agent and they will work with BG for a replacement. Bottom line, we won't need the mea culpa CDO letter for losing the card.
- No cruise ships will be docked due to Coronavirus.
- Foreign ships will be in and out of the port. Our Topside rovers will be on the lookout for any possible surveillance.

- We need to be on the lookout for surveillance from our translators as well. Most of them are former BG employees and they strategically place them in areas to report back to BG personnel.

5. SLG:

- Initial watchbill shaping up to match contracted services, specifically bus routes/riders. Start times being adjusted to match contracted run times. This will make for long days on the riders, but my concern is the flow of people back to Fleet Landing to make curfew times.
- Still waiting on phones, boxed lunches, and water plan details. Will want to keep that at Fleet Landing for control purposes.
- Have made good contact with all NCIS and interpreters who will be available during our watch time throughout PVST. Will make point to clarify curfew and roll that Shore Patrol will play, and highlight that we will have some SP out past 0000 for sweeps, and RTB to ship on Mondays meeting with HN. Working with PAL for the 70 cell phones required for SP foot patrols and bus riders.

6. COMRELS:

- Attended Charity Center and Agent Orange site visits this afternoon, and was received well from both locations. Will have a full up to date presentation on all info for COMRELS by COB tomorrow.
- Confirmed NSU's for Dong A University COMREL unless participating in proposed soccer event, then PT gear.

7. Professional Exchanges:

- Conducted Press meeting with DOFA. Reviewed media's desire to attend professional exchanges. Confirmed media will be attending medical exchange (scheduled at Da Nang Hospital for Women and Children - still no participation required from CVN). DOFA iterated that there will only be 5 journalists attending due to space. (b) (6) and (b) (6) will coordinate media invites.
- The intent is to dive deeper into the rest of Professional Exchanges after today to get more granularity.

8. Press Events:

- Met with DOFA and DOIC to discuss all media participation during CVN visit.
- There is a desire from DOFA and DOIC to attend press conference, both office calls after the press conference, 2 COMRELS (Agent Orange and Hoa Mai Orphanage), Navy Band Concert on the evening of 5 March, medical professional exchange at DaNang Hospital for Women and Children and possibly the CVN departure.
- DOFA and DOIC proposed switching COMRELS 4 and 5 on 7 March to have press and band at Hoa Mai orphanage in the morning and Dong A University Language event in the afternoon. Confirmed with all parties involved that it is okay.
- Still plan on having media at Agent Orange COMREL but there is a caveat. Due to N CoV, there are no classes taking place at the Agent Orange Center. When we did today's site visit, we proposed 2 COAs based off of if students will be in attendance (which will

also dictate media coverage). COA 1 (if students are present), we will have media and band play, COA 2: if there are no students, we pose no media or band and will have Sailors do community service.

- Agent Orange: 10 media personnel; Hoi Mai Orphanage: 10 media personnel; Medical exchange: 5 media; Band concert: 10 media.
- We posed the question to MND if there is a desire for media coverage at METOC and Air Traffic Control Exchange, answer TBD tomorrow.
- Two Media Ship Tours: DOFA suggested delineating 1 group for Da Nang Media only and 1 group delineated for National/International media. DOFA and DOIC will be in charge of RSVPs for DaNang media and MND will be responsible for all National/International Media RSVPs. I requested a list of names, outlet and email contacts for all media coming to the Carrier by COB Tuesday March 3rd.
- Press Conference: Moderator will be provided by MOFA or DOFA, still TBD. Opening remarks will be ADM Aquilino, then AMB Krittenbrink, then the Vice Chairman of DOFA. We requested intended remarks from the Vice Chairman of DOFA in advance (ideally 24 hours in advance). No intention to have remarks from RDML Baker or CG.
- DOFA said they will coordinate credentialing of all media.
- Office Calls: Only 5 media invited and STRICTLY imagery. No questions will be posed to personnel involved in office calls.
- DOFA having media invited to the departure. They want to use the same invites for the press conference but lower expectations for attendance. Recommended no media at departure.
- No issue or sensitivities for imagery release UNLESS showcasing specifically mil to mil engagement. DOFA and DOIC are okay with imagery release without their review. MTF on MND preference.
- RFI on details for the Navy Band concert on 5 March.

9. Legal:

- Submitted contingency plan proposal drafted and submitted to XO, standing by for feedback.
- At ADVON sync meeting this afternoon, we had important discussion regarding curfew (0000-0700, with 0500 potentially being allowed for SLG and others working logistics). The Vietnamese take this curfew seriously. This means, on the ship side, we need strong emphasis on adhering to this curfew before pulling in, and strong enforcement when in port. Bottom line, I recommend a policy of revoking liberty cards for every sailor who violates curfew for the remainder of the port call.

10. Big Top reception:

- 75 additional invitations requested for DOFA attendees. Will reassess on Monday to determine if we can stay within 600 total attendees and still support this request.
- Draft RSVP letter has been created. Awaiting clarification for parking instructions prior to release.
- As of 1300, we have 115 affirmative RSVPs (52 responses from Vietnam and 63 from USCT & CSG). Awaiting responses from ~600 invitees. USCT sections will reach out to their POCs to emphasize the importance of providing a response by Monday, March 2.

10. DESRON comments:

- NWU and Khaki uniforms are not authorized off the ship. BKH's pier security and duty personnel will have to decide on a uniform for watch standers to wear off the ship. The HN recommendation is coveralls.
- There will be a 100% baggage inspection for all personnel coming into the pier ECP. There will be random baggage inspections for personnel departing the pier.
- Handcuffs, batons, or OC are NOT authorized on the pier for the security watchstanders.
- If a Sailor loses their liberty card, the command will need to contact the husbanding agency to coordinate with the BG to receive a new one.
- Standing by for clear guidance from the HN about U.S. EOD personnel conducting the underwater inspections of the pier and the liberty boats.
- Sailors will not be permitted on the HN picketboats to liaison with the ship's ATTWO.
- Standing by for a picture of BKH's SLG Uniform to provide to the HN .

11. Unresolved Issues:

- Overnight liberty. Vietnam cannot change liberty expiration to 0500 for all hands since 0700 is written into Vietnamese law. However, they are willing to accept that personnel having an official need to start movement at 0500 will be allowed to do so (duty watchstanders returning to the ship for duty, shore patrol setting up buses, personnel transiting to the pier to meet tour groups, etc.) Request that the CSG clarify the reasoning for the request to move liberty expiration to 0500 - are we looking for no restrictions for all hands? Is this new proposal acceptable?
- Exact coordinates of BG pickup prior to anchorage.
- EOD: TBD on divers (swimmers) in the water.
- Request from the Language COMREL site for 10 more sailors to attend the event to participate in a soccer game with students.
- Searching for 2018 ceremony script from Big Top reception

Very Respectfully,

ADVON Team





Enclosure (1)

Pier photos: A lot of CONEX box movement and cleanup of the pier needs to be completed prior to arrival of ships

29 February 2020

From: Vietnam ADVON Team
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 29 FEB

Encl:

1. Day 3 Summary: ADVON team conducted bus route tour. Coordination with host nation will resume on Monday after the weekend.

2. Bus Route Highlights:

- Moving the bus stop by the Dragon Bridge to in front of a Museum due to space and safety concerns. Original and new location are only 200m apart.
- Expect most sailors to go to the Beach Stop or new Museum stop where the majority of shopping, restaurants, and bars are. Sailors needing to go to the Hilton or Novotel hotels will use the Novotel bus stop
- Buses will be flexible to depart bus stop or fleet landing at the discretion of the bus king. Should help prevent backlogs. Buses will also be able to be rerouted if the original plan for bus allocation is not efficient.

3. COMRELS:

- Need ship POCs going to each event (assuming CRMD personnel)

4. Professional Exchanges:

- Culinary Exchange: Recommend cancellation since we are unable to offer anything more than a hangar bay/flight deck tour and HN is not interested
- HA/DR: Will take place at Danang Hospital for Women and Children from 0900-1630. No CVN participation required, except for potentially Media rep.
- Firefighting: Off ship location is Danang Firehouse. On ship activity proposal is a short training session of capabilities then practical application. Ideally, something fun and interactive (e.g. manning a firehose competition?).
- METOC: Is there still a desire from the ship to do a METOC exchange? VN would like to match the number of sailors we have participating in this exchange.
- Air Traffic Control: Off ship portion will take place at the Da Nang Airport, awaiting clearance from MND for the confirmation. Request approval to tour flight deck control and/or pri-fly for on ship portion.

5. NCIS:

- Toured the city and nightlife - bars are mostly empty due to coronavirus
- The biggest night club in SE Asia "Phew Bong" and is located not far from the Novotel Hotel. Anticipate it will be a big attraction with the Sailors.
- There is a new local trend while partying/drinking that involves inhaling some type of gas from a balloon. Observed several people doing this, after which they behaved as if they were high. Not sure if it contains drugs or not but recommend prohibiting this action by sailors.

6. Unresolved Issues:

- Overnight liberty. Vietnam cannot change liberty expiration to 0500 for all hands since 0700 is written into Vietnamese law. However, they are willing to accept that personnel having an official need to start movement at 0500 will be allowed to do so (duty watchstanders returning to the ship for duty, shore patrol setting up buses, personnel transiting to the pier to meet tour groups, etc.)
- Exact coordinates of BG pickup prior to anchorage.
- EOD: TBD on divers (swimmers) in the water.
- Request from the Language COMREL site for 10 more sailors to attend the event to participate in a soccer game with students.
- Searching for 2018 ceremony script from Big Top reception

Very Respectfully,

ADVON Team

2 March 2020

From: Vietnam ADVON Team
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 2 MAR

1. Day 5 Summary: ADVON team met with Vietnamese officials representing various government departments. Closed the loop on schedule and outstanding questions and have a solid plan moving forward. PXO arrived at Golden Bay.

2. Logistics:

- 3 Vietnamese flags in our possession. Will be put on tomorrow's COD.
- Bus schedule still in work. Working to start a limited bus schedule at 0500 to support duty/tour personnel to match liberty authorization. Liberty for sailors is still only authorized from 0700-midnight.

3. Security/SLG/EOD:

- Water sample still in work. Only one of two barges are present and having problems with connection.
- Agreed to a 0900 synch meeting with VBG 5-9 March.
- Agreed to have US divers observe water operations at the pier. Will not be engaging in any diving.

4. COMRELS:

- Media added to COMREL #1

5. Professional Exchanges:

- Culinary Exchange: Officially canceled.
- HA/DR: US participation involves one Navy doctor from Thailand and one CDC representative from Hanoi.
- Air Traffic Control: Professional exchange requires a DIPNOTE. Notice sent and awaiting response.

6. Other DV engagements:

- DPC and Navy Region 3 office call expectation is 15 people from each side (US/Vietnam)
- No joint band performance at the Vietnamese hosted dinner
- Gift exchange will occur at the DPC/NR3 office call
- Need dietary restrictions for VN-hosted banquet attendees.
- Extended 50 more invites to DoFA for the Big Top Reception. 25 DoFA and 30 MND additional invitations have been requested. Awaiting RSVP update prior to approval. Current count is 265 of 873 RSVPs received - 181 accepted (107 host nation, 40 CSG, and 34 USCT).

7. NCIS:

- Provided list of most popular club/bar locations for SA. Shore patrol in receipt.

8. Unresolved Issues:

- Request received to move Media CVN Tours 1 hour to the right (1500 and 1600 starts) on 5 Mar
- Medical screening: Vietnam now said they will be conducting body temperature screening using scanners outside of the ECP. We reminded them the US will also be conducting screening. Working to confirm that dual screening (one inside and one outside of the ECP) is desired.

Very Respectfully,

ADVON Team

3 March 2020

From: Vietnam ADVON Team
To: CCSG-9 via Chain of Command

Subj: DAILY REPORT FOR ADVON VIETNAM SITE VISIT, DA NANG, 3 MAR

1. Day 6 Summary: Day 1 of pier set up complete. Impromptu medical meeting conducted with VN due to their emerging concerns. First day of COD support to/from the CVN - supported DVs and remaining members of ADVON.

2. Logistics:

- Outside perimeter of pier area set up. Fleet Landing area setup in progress. Inspection scheduled for 1400 4 MAR.
- Completed deck and engineering inspections of liberty boats for seaworthiness and safety. Inspection checklist completed for all 8 boats. Boats in relatively good condition with a few discrepancies on things like diagnostic lights. Inspection checklists will be photocopied and sent back to the CVN on the COD.

3. Security/SLG/EOD:

- Water sample from first barge complete and sent to CVN via COD. Second barge will not be on station until at least noon on 4 MAR. Tank will have to be drained and flushed prior to filling with water. Sample will not be available early enough to be sent on the COD.
- EOD will observe HN diving operations starting at 0630 on 4 March.
- US has agreed to comply with random x-ray baggage searches for sailors departing the pier. However, since the US has only paid for one x-ray machine, we are directing that HN provide a second machine for outbound searches. US-funded machine will be used for inbound searches only.
- Pier sprayed this evening with 0.5% chloramide as a disinfectant measure at VN's request.
- There are peak hour traffic restrictions at the Novotel stop that may affect the bus route. Working to resolve whether the city is waiving the restriction since traffic is light due to coronavirus or if the bus stop needs to be moved (likely to the next side street).
- Liberty cards will be color coded - Pink for BKH and Green for TR. They will have overlapping numbers (BKH: 1-3XX; TR: 1-51XX) so make sure trackers/overnight liberty letters include the card color and number (e.g. Green-282 vs. Pink-282).

4. COMRELS:

- CHAPS arrived on ADVON.

5. Professional Exchanges:

- NSTR

6. Other DV engagements:

- Confirmed no VN Color Guard participation. Will need to provide flag bearers for VN colors.
- Extended 25 more invites to DoFA for the Big Top Reception. Current count is 322 of 873 RSVPs received - 215 accepted (138 host nation, 42 CSG, and 35 USCT). DoFA and MND have not yet RSVPed but expect close to 100% attendance for their invitees (100 invitees).
- Zippo lighters are still the continued hotness. DAO wanted to buy all Zippos to control their distribution. Up to SUPPO's on how to sell these items but recommend a couple be held for key positions that have been critical to our visit preparation.

7. NCIS:

- NSTR

8. Medical:

- VN expressed concerns this afternoon about coronavirus screening. They now want to be part of the process on the pier. We have agreed to place their body temperature screening machine in the exit path of Sailors departing the ECP (but still within ECP boundaries). The laptop which displays the temperature will be located outside of the ECP and monitored by VN medical staff. Any sailor triggering an alert will be redirected to US medical screening on the pier. Likewise, any VN resident will proceed through the ECP and be subject to VN procedures.

9. Unresolved Issues:

- VN has not agreed to allow food providers on the pier. Will continue to ask.

Very Respectfully,

ADVON Team



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USS Bunker Hill visits Saipan on Indo-Pacific deployment

By MC3 Nicholas Huynh | USS Bunker Hill | Feb. 10, 2020

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1 of 1



The Ticonderoga-class guided-missile cruiser USS Bunker Hill (CG 52) arrives in Saipan Feb. 7, 2020. Bunker Hill, part of the Theodore Roosevelt Carrier Strike Group, is in Saipan for a port visit during their scheduled deployment to the Indo-Pacific. **(Photo by Petty Officer 3rd Class Nicholas)**

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SAIPAN - The Ticonderoga-class guided-missile cruiser USS Bunker Hill (CG 52) arrived in Saipan for a port visit, Feb. 7.

During the port visit, Bunker Hill Sailors will get the opportunity to experience the local culture, through events sponsored by Morale, Welfare and Recreation (MWR). One of those events is to a

museum, where Sailors will learn about the historical significance of Saipan during WWII.



"This is a great opportunity for the crew to experience a place so rich in history, said Capt. Kurt Sellerberg, commanding officer of Bunker Hill. "Seeing and learning about what was accomplished during the battle of Saipan is something I know my Sailors won't forget."



Bunker Hill transited the Pacific Ocean participating in unit-level training since departing its homeport in San Diego, Calif., Jan. 17. Though underway for a short time, Bunker Hill Sailors expressed excitement about the port.



"I'm excited to experience some place new," said Ensign Lauren E. Castillo. "Visiting new places and seeing things I've read about in history books is one of the things I'm looking forward to on deployment."



Bunker Hill, part of the Theodore Roosevelt Carrier Strike Group, is on a scheduled deployment to the Indo-Pacific conducting maritime security operations to enhance partnerships and contribute to stability in the U.S. 7th Fleet area of operations.



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RT @1stMAW_Marines: C-130 rolling down the strip... U.S. Marines with Marine Aerial Refueler Transport Squadron 152 deliver a Forward Armi...



RT @US_CYBERCOM: Happy 10th Birthday @US_CYBERCOM. Each day, we bring our talent, tradecraft and partnership to bear. I am honored to lea...



RT @JointBasePHH: 76 years ago today, just after 3:00 p.m., there was a series of explosions in the area of West Loch. Called the "Second P...



RT @USPacificFleet: Flight operations continue this week aboard #USSNimitz as part of the Nimitz Carrier Strike Group's ongoing composite t...



RT @USNavy: Right now, around the world, we are underway and ready.
#ForceToBeReckonedWith @TheRealCVN71 @USSHARRYSTRUMAN @NimitzNews @War...


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IN THE USINDOPACOM NEWS

USS Theodore Roosevelt Returns to Sea

May 21, 2020 - PHILIPPINE SEA -- USS Theodore Roosevelt (CVN 71) is underway for the first time since arriving in



USS Zumwalt Completes First Live Fire Test

May 21, 2020 - PACIFIC OCEAN -- Sailors aboard USS Zumwalt (DDG 1000), working with engineers and technicians from



Wings and Blades of Hope

May 21, 2020 - ANCHORAGE, Alaska -- In the case of the HH-60 Pave Hawk and HC-130J Combat King II combat search and



USS Ronald Reagan Marks Fifth Year of Service as Part of U.S. Forward Deployed Naval Forces

May 21, 2020 - PHILIPPINE SEA -- The Ronald Reagan Carrier Strike Group is underway serving as America's strongest



Team Andersen Named Air Force Outstanding Unit

May 21, 2020 - ANDERSEN AIR FORCE BASE, Guam -- The 36th Wing has been awarded the prestigious Air Force



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(b) (6)

LCDR USN ASSTSECNAV FMC DC (USA)

From: (b) (6) LT USN VCNO (USA)
Sent: Tuesday, May 12, 2020 9:51 AM
To: (b) (6) CDR USN CNO (USA); (b) (6) CDR USN COMNAVSAFECEN NOR
VA (USA); (b) (6) Lcdr USN ASSTSECNAV FMC DC (USA); (b) (6)
(b) (6) CDR USN CNO (USA); (b) (6) LT USN NAVCIVLAWSUPPACT DC (USA); (b) (6)
(b) (6) CAPT USN (USA)
Subject: FW: RFI timeline
Signed By: (b) (6) @navy.mil

Good morning Gentlemen,

I will move this information to the shared drive as well, but the email below from CSG-9 contains timeline information (RFI #15). I will be forwarding two more emails: one containing the COD schedule and who tested positive for COVID, and the battle rhythm conducted by medical personnel from Da Nang up until CO relief.

Please let me know if you need anything else.

Very respectfully,

LT (b) (6)
Command Investigation Team
Vice Chief of Naval Operations
O: (b) (6)
Pentagon Room (b) (6)
Washington, DC 20350-1000
(b) (6) @navy.(smil.)mil

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From: (b) (6) CDR USN, CCSG-9 <(b) (6) @ccsg9.navy.mil>
Sent: Tuesday, May 12, 2020 5:44 AM
To: (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>
Cc: (b) (6) Lcdr USN CCSG 9 (USA) <(b) (6) @ccsg9.navy.mil>
Subject: FW: TR Command Investigation

(b) (6),

I don't have complete answers for this RFI, yet. Here's what I do have, so far:

The USMC element supporting TR COVID recovery is the 3rd Medical Battalion. POCs are CAPT (b) (6) (b) (6) @usmc.mil) and LT (b) (6) (b) (6) @usmc.mil). DSN 3(b) (6).

TR arrived in Guam on 07 Feb at 0950 local time and departed on 10 Feb at 1400. PKN arrived in Guam on 07 Feb at 1201 local time and departed on 10 Feb at 1000.

BKH arrived in Saipan on 07 Feb at 0900 local time and departed on 10 Feb at 0900.

TR and the USS AMERICA conducted Expeditionary Strike Force Operations (ESF) in the 7th Fleet AOR on three occasions.

ESF I: 15-17 Mar 2020

ESF II: 14-17 Mar 2020

ESF III: 23-25 Mar 2020 (Originally scheduled for 23-26 Mar 2020, however on 25 Mar 2020 TRSG terminated the exercise and began transit directly to Guam).

Liberty expired for TR at 0900 on 09 May, in preps for underway from Da Nang, Vietnam.

I sent you some details on the operational battle rhythm via SIPRNET.

We still owe the following:

When INDOPACOM released COVID Country risk on 4 March (Released by INDOPACOM J07).

When the Guidance for Underway Evaluation and Management of Suspected Person Under Investigation (PUI) for 2019 Novel Coronavirus (COVID-19) released.

The time that BKH expired liberty for their crew prior to departing Da Nang.

TR Medical battle rhythm details.

CDR (b) (6)

Deputy Operations Officer (N3A), Carrier Strike Group NINE

Embarked: USS THEODORE ROOSEVELT

SIPR: (b) (6) @ccsg9.navy.smil.mil

Comm: (b) (6)

VOSIP: (b) (6)

J-Dial: (b) (6)

Tandberg: (b) (6)

From: (b) (6) LT USN VCNO (USA) [mailto:(b) (6) @navy.mil]

Sent: Tuesday, May 12, 2020 4:14 AM

To: CSG9 BWC

Cc: cpf.catbwc; cpf.catbwc; C7F BWC; C7F-N31-COPS; C7F-COVID-WG; C7F ABWC

Subject: TR Command Investigation

Good afternoon,

Thank you again for all your help and responses. Today we have several RFIs for **CSG-9** and **TR**.

Please confirm receipt of this email.

Please have the information available for closeout **within 24 hours of receipt**.

Point of Contact: LT (b) (6) (b) (6) @navy.(smil.)mil

If the RFIs are on SIPR, sending emails to my SIPR account is acceptable, please let me know if the RFIs will be sent there.

RFI 1: For CSG-9 and TR

Who were the USMC POC units that supported the TR COVID response? (please provide names and contact information to include email and phone numbers)

RFI 2: For CSG-9 and TR

- **What time did USS Theodore Roosevelt and USS Pinckney arrive in Guam for their 7 Feb port call and what day/time did they depart this same port call?**
 - **What time did USS Bunker Hill visit Saipan on 7 Feb? What day/time did they depart this same port call?**
 - **What time did USS Theodore Roosevelt and USS America conduct Expeditionary Strike Force Operations in the 7th Fleet AOR?**
 - **What time did INDOPACOM COVID Country risk released on 4 March (Released by INDOPACOM J07)?**
 - **What time was the Guidance for Underway Evaluation and Management of Suspected Person Under Investigation (PUI) for 2019 Novel Coronavirus (COVID-19) released?**
 - **What time did CCSG-9 terminate liberty for TR and BKH Sailors on 9 March in Da Nang?**
-

RFI 3: For CSG9 and TR

From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.

***(this is the same RFI (#3) submitted to CPF and C7F, however, we're looking for how the Battle Rhythm at each level was conducted)**

Very respectfully,

LT (b) (6)
Command Investigation Team
Vice Chief of Naval Operations
O: (b) (6)
Pentagon Room (b) (6)
Washington, DC 20350-1000
(b) (6) @navy.(smil.)mil

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Theodore Roosevelt, America Strike Groups Conduct Joint Operations in 7th Fleet

| Theodore Roosevelt CSG & America ESG | Feb. 18, 2020

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PACIFIC OCEAN – The Theodore Roosevelt Carrier Strike Group and the America Expeditionary Strike Group joined forces to conduct Expeditionary Strike Force operations in support of a free and open Indo-Pacific, Feb. 15.

Ships and aircraft from the U.S. Navy, as well as aircraft from the U.S. Marine Corps, conducted a multitude of joint, high-end warfighting exercises while forward-deployed to the U.S. 7th Fleet area of operations.

"The carrier strike group's combat power is impressive, but when combined with an Expeditionary Strike Group, like the America ESG, it is unparalleled," said Rear Adm. Stuart Baker, commander, Carrier Strike Group (CSG) 9. "The teamwork, resilience, technical excellence and extraordinary professionalism of these two teams working together is the foundation of everything we do in the U.S. naval service."

While operating together, the Navy-Marine Corps team sharpened their interoperability through a series of exercises designed to increase battle readiness. Assets participated in a variety of evolutions to include air-to-air training, steaming in formation, maneuvering, and establishing joint communications to rapidly enable a command and control environment.

"Expeditionary strike force operations combine the kinetic combat and 5th generation capabilities of the America Expeditionary Strike Group with the truly impressive air power of the Theodore Roosevelt Carrier Strike Group," said Rear Adm. Fred Kacher, commander, Expeditionary Strike Group Seven. "Merging our two teams into one makes the Expeditionary Strike Force greater than the sum of our parts and provides the 7th Fleet commander versatile combat capability that can be deployed anywhere in the Indo-Pacific."

USS Theodore Roosevelt (CVN 71) is the flag ship of CSG9 9, which includes Carrier Air Wing (CVW) 11, a Ticonderoga-class guided-missile cruiser, and Arleigh Burke-class guided-missile destroyers from Destroyer Squadron (DESRON) 23.

USS America (LHA 6) is the flagship of the America Expeditionary Strike Group (ESG), which includes the staff of Commander, Amphibious Squadron 11, San Antonio-class dock landing ship USS Green Bay (LPD 20), Whidbey Island-class dock landing ship USS Germantown (LSD 42), and the 31st Marine Expeditionary Unit (MEU).

The Theodore Roosevelt Carrier Strike Group and America Amphibious Ready Group are forward-deployed to the U.S. 7th Fleet area of operations in support of security and stability in the Indo-Pacific region. U.S. 7th Fleet is the largest numbered fleet in the world, and with the help of 35 other maritime-nation allies and partners, the U.S. Navy has operated in the Indo-Pacific region for more than 75 years, providing credible, ready forces to help preserve peace and prevent conflict.

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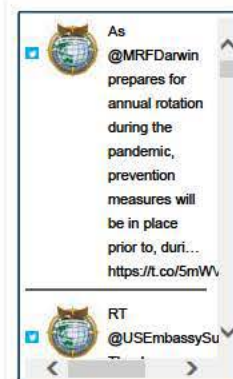
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An MV-22 Osprey assigned to the Dragons of Marine Medium-Tiltrotor Squadron (VMM) 265, 31st Marine Expeditionary Unit, approaches the flight deck of the aircraft carrier USS Theodore Roosevelt (CVN 71), Feb. 15, 2020. Operating as an Expeditionary Strike Force, the Navy-Marine Corps team integrates carrier strike group combat power with the flexible capability of an expeditionary strike group to provide the fleet commander with a capable, credible combat force that can be deployed anywhere in the world. (Photo by MC Brandon Richardson)

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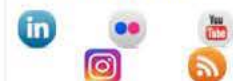
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**Coast Guard Implements
New i-911 Application to
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May 20, 2020 -
HONOLULU,
Hawaii – In the
last three years,
more than 500 people were
saved around Hawaii by the



**Rhode Island National
Guard Sends
Humanitarian Aid to the
Bahamas and Timor-
Leste**

May 20,
2020 -
EAST



GREENWICH, R.I. – The
Rhode Island National Guard
partnered with the University
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**Fleet Activities
Yokosuka Offers the
Samaritan Shoppers
Program**

May 20,
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YOKOSUKA, Japan –
Commander, Fleet Activities
Yokosuka (CFAY) Chapel of
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**U.S. Government
Provides Additional
US\$9.9 Million to
Support COVID-19
Efforts in the Pacific
Islands Region**

May 20,
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SUVA,
Fiji –



The U.S. Government,
through the United States
Agency for International
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**Misawa Defenders
Remember the Fallen**

May 19,
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MISAWA
AIR



BASE, Japan – The 35th
Security Forces Squadron
hosted National Police Week
2020 to

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UPDATE: 27FEB20/1901W
OPR: N01H
CONTACT: (b) (6)

Country Public Health Risk for COVID-19

Country	Risk Level*		Risk Declarations	Assessment
Australia			HPCON: A	Imported cases with limited domestic transmission and no/minimal operational impact. No increase in domestic cases this week.
Bangladesh				No reported cases of COVID-19.
Bhutan				No reported cases of COVID-19.
Brunei-Darussalam				No reported cases of COVID-19.
Cambodia			HPCON: A	Minimal imported cases with no/minimal operational impact; concern about reporting transparency, given relationship with China. No new cases since 1/28.
China			HPCON: D CDC: Lvl 3 DOS: Lvl 4 MOH: RED (Highest)	Widespread community transmission exceeding medical, diagnostic and public health capabilities.
Fed. States of Micronesia				No reported cases of COVID-19.
Fiji				No reported cases of COVID-19.
India			HPCON: A	Minimal imported cases with no operational impact. No new cases since 2/3.
Indonesia				No reported cases of COVID-19; concern about reporting transparency, given significant number of Chinese travelers.
Kiribati				No reported cases of COVID-19.
Japan			HPCON: B CDC: Lvl 2 DOS: Lvl 2	Locally acquired infections occurring with multiple known clusters. Despite strong public health infrastructure, community transmission without epidemiologic links are occurring. Repatriation of individuals associated with the Diamond Princess may have a spillover effect as travelers disembark, despite being medically cleared by Government of Japan. HPCON BRAVO declared 26 FEB. Significant increase in domestic cases this week (77 cases, 197% increase).
Laos				No reported cases of COVID-19.
Malaysia			HPCON: A	Imported cases with limited domestic transmission and no/minimal operational impact. No new cases since 2/16.
Maldives				No reported cases of COVID-19.

*Left Risk Level column represents current status; right Risk Level column represents projected status in 7 days.

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UPDATE: 27FEB20/1901W
 OPR: N01H
 CONTACT: (b) (6)

Country Public Health Risk for COVID-19

Country	Risk Level*		Risk Declarations	Assessment
Mongolia			DOS: Lvl 3	No reported cases of COVID-19. Concern given a shared border with China, minimal diagnostic capability, diminished medical capacity, and weak public health infrastructure. DOS Lvl 3 (Reconsider Travel) on 26 Feb authorizes voluntary USG personnel departure.
Myanmar				No reported cases of COVID-19.
Nauru				No reported cases of COVID-19.
Nepal			HPCON: A	Minimal imported cases with no operational impact. No new cases since 1/25.
New Zealand				No reported cases of COVID-19.
North Korea				No reported cases of COVID-19. Conflicting reports whether community transmission is occurring. International tourism has been suspended and a mandatory 30 day quarantine implemented.
Northern Mariana Isl.			HPCON: A	No reported cases of COVID-19.
Palau				No reported cases of COVID-19.
Papua New Guinea				No reported cases of COVID-19.
Philippines			HPCON: A	Minimal imported cases with no operational impact. No new cases since 2/5.
Republic of the Marshall Islands				No reported cases of COVID-19.
Samoa				No reported cases of COVID-19.
Singapore			HPCON: A CDC: At Risk DOS: Lvl 1 MOH: Orange (2 nd highest)	Locally acquired infections occurring with several known clusters. Despite strong public health infrastructure, community transmission without epidemiologic links are occurring. MOH Disease Outbreak Response System raised to ORANGE (2 nd highest level) on 7 Feb. Modest increase in domestic cases this week (16 cases, 31% increase).
Solomon Islands				No reported cases of COVID-19.

*Left column Risk Level represents current status; right column Risk Level represents projected status in 7 days.

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UPDATE: 27FEB20/1901W
OPR: N01H
CONTACT: (b) (6)

Country Public Health Risk for COVID-19

Country	Risk Level*		Risk Declarations	Assessment
South Korea	➤		HPCON: C CDC: Lvl 3 DOS: Lvl 3 MOH: Grave (Highest)	Locally acquired infections occurring in the community with several large clusters involving hundreds of people. Quarantine of Daegu (2.5M people) on 20 Feb has failed to curtail disease spread; community transmission without epidemiologic links are prevalent. Public health resources are stretched but aggressive mitigation measures continue. USFK declared HPCON CHARLIE 26 Feb. AD/DOD beneficiaries affected. PACOM/Service travel restrictions in place. All exercises cancelled/postponed. MOH at highest alert, first time since 2009. Exponential increase in domestic cases this week (576 cases, 1986% increase). Anticipating further ROM requirements and inclusion by CDC as high-risk area.
Sri Lanka			HPCON: A	Minimal imported cases with no operational impact. No new cases since 1/28.
Taiwan			HPCON: A CDC: At Risk	Imported cases with limited domestic transmission and no/minimal operational impact. Minimal increase in cases this week (9 cases).
Thailand	➤		HPCON: A CDC: At Risk DOS: Lvl 1 MOH: UNK	Imported cases with limited domestic transmission and minimal operational impact. Despite the few number of locally-acquired cases, concern exists about the significant number of Chinese travelers and the open borders with China. International engagements may exacerbate local transmission dynamics. Minimal increase in domestic cases this week (2 cases).
Timor-Leste				No reported cases of COVID-19.
Tonga				No reported cases of COVID-19.
Tuvalu				No reported cases of COVID-19.
Vanuatu				No reported cases of COVID-19.
Vietnam	➤		HPCON: A CDC: At Risk DOS: Lvl 1 MOH: UNK	Imported cases with limited domestic transmission amongst close contacts, and minimal operational impact. Concern by the Government of Vietnam resulted in the mandatory 20-day quarantine of the rural town of Son Loi (10K people) on 14 Feb, ~30 miles outside of Hanoi. VNM lauded for their transparency and aggressive public health efforts. No new cases since 2/13.

*Left column Risk Level represents current status; right column Risk Level represents projected status in 7 days.

Risk Level Legend

- No change in risk level since last week
- ▲ Increase in risk level since last week

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UPDATE: 27FEB20/1901W
OPR: N01H
CONTACT: (b) (6)

Country Public Health Risk for COVID-19

Risk Level Definitions

Green (Low): Countries with no reported cases of COVID-19; OR countries that have cases that were imported from another country; OR countries that have isolated transmission not attributed to travel, household contacts, or healthcare settings.

Yellow (Moderate): Countries with COVID-19 cases occurring in the community without known contacts or exposures and/or with small outbreak clusters (multi-focal transmission), swiftly handled by public health interventions that limit disease transmission.

Orange (Significant): Countries with COVID-19 cases occurring in the community without known contacts or exposures, with cases increasingly acquired domestically. Community transmission results in multiple clusters that are addressed by the public health departments, but may be reactive in posture. Other indicators include exportation of cases, tertiary transmission, or public health response capacity being challenged.

Red (High) risk: Countries with sustained or widespread community transmission of COVID-19 despite public health control measures and that may exceed medical, diagnostic, and public health capabilities.

Risk Declarations:

CDC

Level 1 (Watch): Practice Usual Precautions
Level 2 (Alert): Practice Enhanced Precautions
Level 3 (Watch): Avoid Non-Essential Travel

Dept of State

Level 1: Practice Usual Precautions
Level 2: Exercise Increased Caution
Level 3: Reconsider Travel
Level 4: Do Not Travel

HPCON:

O: Normal Baseline
A: Report of unusual health risk or disease
B: Outbreak or heightened exposure risk
C: High morbidity epidemic or contamination
D: High mortality epidemic or contamination

Acronyms

CDC: Centers for Disease Control and Prevention
DOS: Department of State
HPCON: Health Protection Condition
MOH: Ministry of Health

Methodology:

Country risk assessments considered various criteria to include: imported vs. locally-acquired disease; medical infrastructure; robustness of disease surveillance, diagnostic capability, and public health response; transparency in case reporting; incidence rates/population density; rate of increase in COVID-19 cases; travel restrictions with China; Chinese transit/tourism patterns; exportation of cases; transmissions dynamics; and threat to U.S. military presence.

Due to the rapidly evolving situation, assessment of threat takes into account that lags often exist with DOS/CDC/DOD published guidance. Operational risk may lead to a risk level determination not in alignment with current CDC/DOS travel advisories for normal U.S. citizens. Data pulled and current as of 2/26.

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Country Public Health Risk for COVID-19

UPDATE: 27FEB20/1901W
OPR: N01H
CONTACT: (b) (6)

Sources of information:

1. CDC: <https://www.cdc.gov/coronavirus/2019-COVID-19/travelers/index.html>
2. DOS: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>
3. WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>
4. JHU map: <https://systems.jhu.edu/research/public-health/COVID-19/>
5. Country Ministries of Health and Disease Surveillance agencies
6. Open source media for supplemental information.
7. Developed in collaboration with NMPHC.

DISCLAIMER:

Risk levels represent the informed analysis of PACFLT subject matter experts, utilizing objective indicators. ASD(HA) Medical Risk Algorithm (dated 21 Feb) and OSD(P&R) Guidance For Risk-Based Measured Responses for the COVID outbreak (published 25 Feb) were utilized to help develop risk level definitions. Risk levels assessments may be considered a more aggressive stance due our unique operational environment and the need to protect our sailors, ships, and mission.



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Operational Risk Matrix for COVID-19

UPDATE: 27FEB20/1901W
OPR: N01H
CONTACT: (b) (6)

Risk Level	Risk Definition	Public Health Recommendation
Low	<p>Isolated transmission: Cases occurring in the community not attributed to travel, household or HCW contacts.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> - PHEM HPCON O/A - CDC "At Risk" - DOS Travel Advisory Level 1 	<p>Usual Precautions</p> <ul style="list-style-type: none"> - Maintain normal operational posture. - Standard hygiene and precautions. - Avoid contact with sick people.
Moderate	<p>Multi-focal transmission: Multiple cases of community transmission occurring without known contacts or exposures.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> - PHEM HPCON B - CDC Travel Advisory Level 1 - DOS Travel Advisory Level 2 	<p>Enhanced Precautions</p> <p>Usual precautions (as above) plus:</p> <ul style="list-style-type: none"> - FHP brief prior to disembarking. - Strict handwashing: soap and water for at least 20 seconds (or alcohol-based hand sanitizer if soap/water not available). - Proper coughing/sneezing etiquette. - Social distancing measures (e.g., 6 feet). - Avoidance of animals (alive or dead)/animal markets.
Significant	<p>Community transmission: Multiple <u>clusters</u> of cases of community transmission occurring without known contacts or exposures.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> - PHEM HPCON C - CDC Travel Advisory Level 2 - DOS Travel Advisory Level 3 	<p>Special Precautions</p> <p>Enhanced precautions (as above) plus:</p> <ul style="list-style-type: none"> - Enhanced screening: Screening protocol for all visitors. Daily medical screenings (e.g., temperature, symptoms) x 14 days for returning crew members. If exhibiting fever, cough, or shortness of breath, then mask, isolate and evaluate further with appropriate PPE. Be prepared to cohort sick individuals and evaluate potential close contacts. - Enhanced Surveillance: Monitor sick call logs daily for increases in influenza-like illness (ILI). - Enhanced Sanitation: Cleaning of high contact areas (e.g., berthing, heads, handrails, door handles) at least daily with approved cleaning/disinfectant agents. - Consider liberty limitations.
High	<p>Widespread community transmission: Sustained disease transmission despite public health control measures.</p> <p>Generally aligns with:</p> <ul style="list-style-type: none"> - PHEM HPCON D - CDC Travel Advisory Level 3 - DOS Travel Advisory Level 4 	<p>Restriction of Movement</p> <ul style="list-style-type: none"> - Cancel routine port visits. - Disembarkation not recommended; essential personnel only with appropriate PPE. - Crew members should not return to ship without 14-day quarantine.

CDC: Centers for Disease Control and Prevention
DOS: Department of State
FHP: Force Health Protection

HPCON: Health Protection Condition (IAW DODI 6200.03)
HCW: Healthcare Worker
PHEM: Public Health Emergency Management
PPE: Personal Protective Equipment

From: (b) (6) [CDR USN C7F](#)
To: (b) (6) [USN VCNO \(USA\)](#)
Cc: (b) (6) [CAPT USN C7F](#); [C7F BWC](#); [C7F ABWC](#); [C7F-COVID-WG](#)
Subject: BLUF: C7F response VNCO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits
Date: Friday, May 15, 2020 7:03:36 AM

LT (b) (6) ,

BLUF: C7F Response to VCNO RFI TR Command Investigation IRT BLR, AMA, and GBY port visits

Summary:

1. USS America and USS Green Bay arrived in Thailand for Cobra Gold on 22 Feb. What day/time do they get underway from Thailand? Did either ship have any positive COVID sailors after Cobra Gold? If so, how many and when were they positive?

- AMA and GBY departed 11 Mar
- Neither ship had any Sailors or Marines test positive.
- Not requested below, BLR visited Thailand from 23-27 Feb.

2. What were the dates for exercise COBRA GOLD?

- AMA and GBY were operating in and around Thailand from 24 Feb - 8 Mar.

3. USS Blue Ridge pulled into Singapore on 14 Mar 2020. What time did they arrive and what date/time did they leave Singapore? Did BLUE RIDGE have any positive COVID cases after Singapore? If so, how many and what date did they pop positive?

- BLR was in Singapore from 11-14 Mar
- BLR has not had any COVID cases.

4. USS Blue Ridge pulled into South Korea on 5 Feb, what day did they depart?

- BLR was in Busan, South Korea, from 05-09 Feb.

5. When did C7F Surgeon provide CPF with the COVID-19 CONOPS addressing development of "a plan to transit to Guam upon SMDR recommendation to CO in case of severe or widespread illness"

- 13Feb2020 C7F CONOPS for FHP against COVID-19 provided to CPF Surgeon Office.
- 19Feb2020 C7F Guam specific COVID-19 Shipboard Case Scheme of Maneuver provided to CPF Surgeon Office.
- The two emails will be sent separately on SIPR.

Very respectfully,

CDR (b) (6)
C7F COVID Response Cell

J-Dial: (b) (6)

DSN in port: (b) (6)

COM in port: (b) (6)

-->DSN underway: (b) (6) ← New 7 April

-->COM underway: (b) (6) ← New 7 April

-->SIPR: (b) (6) @lcc19 navy.smil.mil

NIPR Ashore: (b) (6) @fe navy mil

HEALTH

Vietnam reports first novel coronavirus infection cases

Two Chinese citizens have been quarantined at Ho Chi Minh City-based Cho Ray Hospital after they tested positive to novel coronavirus (nCoV) that caused an acute pneumonia outbreak in Wuhan city, China.

VNA - Thursday, January 23, 2020 21:57

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A delegation of the Health Ministry examine the two [nCov](#)-infected patients at [Cho Ray Hospital](#) (Source: VNA)

HCM City (VNA) – Two Chinese citizens have been quarantined at Ho Chi Minh City-based Cho Ray Hospital after they tested positive to [novel coronavirus](#) (nCoV) that caused an acute pneumonia outbreak in Wuhan city, China.

These are the first cases of individuals infected with the virus ever Vietnam has confirmed since the disease spread from China’s [Wuhan city](#) last December.

Li Ding, 66, went to Hanoi from Wuhan on January 13, before going to Nha Trang city in central Khanh Hoa province, said Dr Nguyen Ngoc Sang of the Cho Ray Hospital’s Department of Tropical Diseases.

His son Li Zichao, 28, who has lived in the Mekong Delta province of Long An neighbouring HCM City for the past four months, went to visit him in Nha Trang. Both of them then traveled to HCM City and Long An, said Sang.

The father got fever on January 17, while the son had similar symptoms January 20. Both were admitted to the Cho Ray Hospital on January 22 night.

Their fever have subsided after receiving treatment and they are now able to consume food and drinks.

Deputy Minister of Health Nguyen Truong Son who came to the Cho Ray Hospital to inspect the cases said as both patients have traveled through different places and met many other people in the country so there is a chance they could have spread the disease.

Son asked the Office of the Ministry of Health to inform the provinces where the patients had came and the border gates where they had went through. The ministry will send urgent documents to authorities of Da Nang and Cam Ranh airports, requesting them to tighten the control of Chinese tourists, he added.

A pneumonia outbreak, caused by a new strain of the coronavirus family that caused SARS and MERS, first surfaced in Wuhan city, China last December.

The disease has spread to many other countries and territories. China's National Health Commission has confirmed 541 infection cases and 17 deaths as of January 23.

The World Health Organisation (WHO) has confirmed that the new coronavirus could be contagious between humans.

The Vietnamese Ministry of Health has warned people to keep their distance from people with acute respiratory infections and wear a mask when talking to them. Equipment to monitor arriving passengers’ body temperature have been installed at airports in Hanoi, HCM City, Da Nang and Cam Ranh in central Vietnam./.

VNA

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**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)
Psychologist**

On 11 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone call.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LT (b) (6) USN
Position: Psychologist, USS THEODORE ROOSEVELT (CVN 71)
Email Address: (b) (6) @cvn71.navy.mil; (b) (6)
Phone(s): (b) (6)

I was asked about the command's plans leading up to the Da Nang port visit. There was some concern and reticence, but mostly excitement. It felt as if there was a huge push for the visit by entities outside of ship. We knew the novel coronavirus was brewing in other parts of the world, but were told Vietnam had very few cases isolated in the northern city of Hanoi. On some of the later days of the port visit, we began to find it peculiar that businesses were closed; but by no means did I believe anyone on the ship, including the Captain or Admiral, made a unilateral decision to proceed with the visit. During the visit, I personally interacted with upper chain of command on three occasions. When we first anchored, we had a small reception and brief and exchanged pleasantries with visitors on our ship – our Defense Attaché and their military folks. We were off the ship several hours later. On two evenings in Da Nang, I was with CAPT Crozier along with DESRON commodore, SMO, and other HODs for a short time. There was discussion about the international visibility of the visit and how we were flexing our plans in order to accomplish everything possible asked of us, despite all the challenges. The greatest emphasis was on completing the mission given to us as safely as possible.

The liberty boats themselves were challenging because the seas were very rough. There were multiple times when no liberty boats would leave and a lot of talk to how to change that with safety in mind. I remember hearing how things were changed, and that people were not allowed to get back on liberty boats because they had been secured.

I was also asked about the messaging to the crew before and during the Vietnam visit. I recall the tone of the messages being, "see something/say something, you don't want to be highest person with secret, watch out for your shipmate." Some of the messages were the same type of general information at any port call, plus educating on the unique geopolitical situation of Vietnam. There was a specific safety stand-down video created that focused on operational security, maintaining exceptional behavior in port, and on hand sanitization and cleaning.

Regarding measures taken in/just prior to Da Nang, we had a high prioritization on education (what symptoms of the disease might look like), screening, executing safe and well-formed/pre-

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

approved liberty plans, and hand sanitization/hygiene. Large screening took place by the Vietnamese government prior to going to hotels and upon checking into hotels. We weren't sure how much of that was the normal cadence of the Vietnam government and how much was due to COVID. Our hotel was nearly empty and there were several business and services shut down or reduced. Later in the week, we saw signs on doors that said "closed due to virus" or "closed due to staff illness." I was concerned that things hadn't been accurately reported to the leadership on board the TR.

Just following our first port visit to Guam (early February), we had a small outbreak of gastroenteritis. To mitigate it, we had regular and increasing frequency "bleachapalooza" and a strong emphasis on hand-washing and hygiene, so we were already doing that. Bleachapalooza focused on the same spaces each work center "owns" with respect to maintenance and materiel condition. Special emphasis was paid to any object that was hand-contact, i.e., hand rails, door knobs, switches, etc. It was very effective at curbing that outbreak and it was continuing with ever-increasing frequency (from once a week up to three times daily). We were also screening individuals coming in from CODs beginning 15 February, as well as any personnel that had recently visited any countries of high levels of risk. Those personnel had to be monitored for weeks after their arrival. After the two British citizens had tested positive in the Da Nang hotel, all of the sailors had to be identified and monitored as even remote potential contacts. That took quite a bit of administrative tracking in order to answer questions from higher echelons, including their testing status, any symptoms, and the reason they're having these symptoms (many of which are very normal on a carrier, especially with individuals not leaving their rack for hours/days and may/may not be related to COVID).

The CO addressed the crew immediately when we departed Da Nang and wanted to get on top of rumors about the sailors in quarantine. He emphasized we were only monitoring them out of an abundance of caution, that there was no reason to be alarmed, and that he'd keep us updated. He emphasized that over the next two weeks, to support this group of people (i.e., an overwhelming response to creating care packages from items at the Ship's Store), but then going about your day and focusing on the mission of getting to Guam for maintenance. He sent these messages over the IMC, in normal everyday announcements for the Rough Rider of the week, any Bravo Zulu, etc.--anytime the IMC was open for anything, measures were discussed. It was normal for CAPT Crozier to address rumors directly and share the truth ever since he arrived. He emphasized staying safe and letting your chain of command know how they could help.

Before the first confirmed case, it was an average workload, same day-to-day of seeing patients. A week-or-so after leaving Da Nang, we had brought onboard a medical augment team to beef-up our testing capacity. Approximately 22 March, we had completed all CDC recommendations with respect to the quarantine personnel, so we believed we were all in-the-clear as none had tested positive (twice) nor displayed any ongoing symptoms, based on information, research, and guidance available at the time.

On the morning of the 24 March, our first cases tested positive (they were not a part of this former quarantine group). We went to River City and stayed there all day. CAPT Crozier announced over IMC what was going on with the positive cases, that there is no reason to be

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frantic, but that everyone's help was needed to execute the plan. Additional measures were put in place, from authorizing face covers everywhere, to canceling normal business/large crowd functions, to additional social distancing. Then we MEDEVAC'd the first positives that evening. We were told at that point that we were going to steam towards Guam to be there by the end-of-the-week, though we were initially not planning to be in Guam for another week or two.

After the first confirmed positive case (24 March), Medical completely shut down for routine care, including mental health. For a couple of days, I was responding to routine patients via email, rescheduling appointments, handling any perceived mental health emergencies that arose, and assisting with the management of personnel being evaluated/tested. A few days into it, I was pulled into the administrative piece of tracking. Whenever we had test results, they would be placed in a tracker along with as much data (ever-growing) that we could gather.

Medical was very busy; the demand for our time was extremely high. People were relatively calm and folks weren't panicking or frantic at that point, pretty much trying to do the right thing. The medical department met frequently. We were doing lots of admin tracking and getting tons of questions from high echelons. It was a huge tasking to get accurate info collated.

The asks that came up from above us; they were changing nearly every hour. It quickly became an unsustainable task. The direct communication came from Carrier Strike Group NINE personnel, but it was clear they had been tasked from above them—INDOPACOM and 7th Fleet. Questions were coming to them and then straight down to us. Every individual in the medical department had some administrative responsibility, bending to the hourly demands for information, and compromising our ability to actually evaluate, treat, and care for patients. For example, at the beginning, the questions would be very rudimentary i.e., "How many swabs today?" We would then ask clarification—do you mean how many new individuals swabbed, how many individuals have ever been swabbed, or how many individual swab-tests were used today? Do you want the number collected, the number ran on testing, or the number of results?" The answer would always be, "Yes, all of that." Their lack of knowledge about the process and "not knowing what they don't know," yet not being receptive to our feedback made this task grow exponentially. After this, the questions became much more niche—"Please provide the total number of individuals swabbed today who had a cough and a fever above 100°F." Because there was an emphasis on swabbing as many people as possible, including those asymptomatic, we couldn't reliably provide this number from mass swabbing exercises. We certainly did the best we could. Requests for data would change hourly, which would cause processes to change, which would change the data output, which would then cause more asks for different data. Multiple times, we discussed our concerns that the administrative tracking was unsustainable and negatively impacting our ability to provide actual medical care. Even after some asks were reduced and a "final" set of reports were created that CSG-9 would need daily to feed up, I calculated the amount of time that came into the preparation of these two daily reports coming from the medical department, totaling 151 man hours.

A plethora of references were sent out daily by SMO and our newly embedded assets. In particular, we found the study from the Diamond Princess to be the most applicable to our situation. In addition, we were following any direct guidance from the CDC and Navy Marine

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

Corps Public Health Center. We followed and went a step further than the NTRP, including a small study from another carrier influenced from another outbreak. For instance, we worked towards developing a way to get a negative pressure isolation room so circulated air couldn't leave the room before the close-contact number outgrew this capability. We emphasized close contract tracing and filling out CDC paperwork for close contacts, placing those folks in quarantine. By about day four from the first known case, we realized everyone on the ship would have been a close contact--which was the same day we ran out of quarantine berthing. This was around the day of pulling into Guam. We started MEDEVAC on 24 March. By 27 March when we pulled in, positive cases were taken by bus instead of air. The only individuals that were released from holding on the ship were in quarantine because of being a close contact. The whole ship had essentially become a singular quarantine and positive cases began to grow exponentially.

The additional assets that beefed up our testing were very helpful. We were not able to accomplish every task as it was and certainly would not have been able to handle the testing without them. However, we continually gave feedback via our chain of command that the testing can be helpful, but that there were preventive medicine techniques that needed to be employed to keep individuals safe. This inappropriate emphasis on testing became frustrating. We would explain ad nauseam that just because we get a negative result doesn't mean you don't carry and transmit the novel coronavirus, and it definitely doesn't mean you would never contract the virus. We were continually giving feedback that our time could be better used on things other than testing and responding to RFIs.

Despite our continued testing efforts and feedback that we must get people off the ship, nothing was coming to fruition. Plans just seemed to fall through. There was a plan to initially start offloading people to Okinawa -- where they allegedly had a surplus of barracks, but that ended up not working out and I'm not sure why.

I was not sure who to trust, but it became very evident that we weren't on the same page and our medical advice wasn't being appreciated, so we went to our chain of command where we didn't mistrust people. Our recommendations are being rejected--no professional likes to be in that position. But when you know there's a possible loss of life, it gets into medical ethics. I didn't know where the disconnect was occurring. It continued to appear that everyone who was on the ship was on the same page. From old XO, new XO, our CO, and Admiral Baker, it appeared as if we were on the same page. And yet we still got pushback and change wasn't being effected.

I was asked specifically about a letter penned by medical leadership aboard the TR, sent to the Chain of Command. The medical khakis had talked about what to do in a situation like this, including writing a memorandum for the record or letter to XO and CO. I think at this point I wasn't totally sure who knew what or who to trust outside of the medical department. We're growing increasingly concerned, following the medical literature, and keeping up with the morbidity or mortality rates. I had taken a look at the letter, I provided edits and those who agreed and were interested (which ended up being all of us) talked about it as a group. I didn't know SMO signed it, he wasn't in on these conversations. At that time, we planned on putting a product together and passing it through him to the XO and CO--and then CAPT Crozier's letter

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

came out. It verified for us that folks off the ship were not on the same page as the people on the ship. I didn't hear anything about the medical letter after that.

I was asked what should have been done differently. In my opinion, we should have offloaded more folks, offloaded them earlier, and offloaded them into actual quarantine conditions. The emphasis should have changed from testing and towards acknowledging that everyone is potentially infected and that we could and should mitigate the spread and work to lower people's exposure, lest risk higher viral loads and therefore potentially higher morbidity/mortality. Instead, until CAPT Crozier's letter (and even continuing after), we were repeatedly told to attempt to get a negative test from as many as possible, to offload our sick, and to get back out to sea as quickly as possible. There are repeatedly questions about the health status of our personnel throughout this ordeal. The fact is, we will never know alternative outcomes, but we will always know leadership was too late to act completely effectively. At the end of the day, as of providing this verbal statement, we have one dead Chief Petty Officer, 43 sailors have been hospitalized, and 10 sailors have been in the ICU.

I was asked specifically about my impressions of the Senior Medical Officer (SMO) as a leader. SMO is no nonsense; he is very calm under pressure and diplomatic. He is measured, no hyperboles; he's a great leader. He showed amazing resolve and sound leadership through the whole ordeal. He was incredibly busy, running on very little sleep, and had to be in three places at once. He eventually sent one of us to one VTC and our Medical Admin Officer (MAO) to another.

Regarding ship morale, I think it's important to separate morale from mental health--they're not directly, linearly related. Though we were/are past burned out, I'd certainly say morale was and is really high in the medical department.

There were many questions about the actions of the ship's local chain of command. Because of the unique perspective of my position, I believe it's completely germane to speak to morale of the ship as a whole. Like the medical department, morale on the ship was high and this enthusiasm was disseminated from the very top. CAPT Crozier is the greatest example of a Commanding Officer with whom I've ever had the pleasure to work. I had mentioned this to my parents in December following COMPTUEX, that his leadership style was a welcome relief and I felt I could do my job better serving with him. My parents remarked, "So you two sound close." In fact, we absolutely were not socially close. I would be surprised (yet impressed and gladdened) if he knew my name. But this was the beauty of his leadership—from Day One, he engendered full trust and confidence in each leader to take charge of their respective department/division/work. He demanded integrity and exemplified it himself. Sailors were glad to have him on board and could be motivated by him to accomplish nearly any mission.

It is absolutely true that CAPT Crozier was loved and admired by his crew. But I also think it's important that this not be confused with malignant narcissism and egocentrism. I've worked with Commanding Officers who had a desperate need for affirmation from their junior sailors and acknowledge that this may be superficial or, worse, can become toxic. This is not that. I've seen CAPT Crozier deliver firm discipline where needed and this caused him to often not be

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

liked, but to always been respected. I have the opportunity of working clinically and professional with a diverse group of sailors—from E-1 to O-6 and above: this was a ubiquitous theme among those he led—whether they were returning from being awarded the worst punishments at Mast or directly being corrected by him for some deficiency.

There was indeed a palpable decline in morale, and mental health, after CAPT Crozier relieved. Specifically in Medical, there were psychological themes of moral injury that were already present through the debacle, but far worsened upon his relief. The politics, the news reports, the speech by Acting SECNAV—all of that worsened it. There is still very evident mistrust, skepticism, burnout, and undue distress. Sailors do not feel appreciated, valued, or like their life is in good hands of leadership. Mental Health specifically began suffering after CAPT Crozier was relieved. Prior to his relief, even in the midst of the outbreak, there was actually a stark improvement in Mental Health—everyone was focused on a more pressing enemy and individuals were coping well. They had a mission set before them, they trusted their leadership, and they were prepared to execute the mission. However, for the past month or so, there continue to be ongoing and worsening themes of moral injury, exacerbating exposure to trauma, and fears of death. I believe this negative fallout will continue unless some trust is restored, if at all possible.

I was asked specific questions about my impressions of SMO's leadership and the actions before (with the benefit of hindsight), during, and after the Da Nang port visit, specifically by those within my chain of command on the ship. I was not asked questions about my impressions of leadership outside our own ship. Like many on board THEODORE ROOSEVELT, I believe, I have been disappointed in the leadership displayed by several Admirals and Senior Executive leadership outside of the TR. Confusion abounds and there is a great deal of distrust. A day following the public release of CAPT Crozier's letter, SECDEF indicated to CBS News that he still "didn't think it was time to evacuate the ship." Yet the party line from senior Navy leadership seems to be that plans were already in motion when the letter was released. Sailors see this confusion, miscommunication, and unclear leadership. Mental health, morale, retention, and investment in the mission have all deteriorated. On 3 May, the day I (and most officers and the medical department) returned to the ship, ADM Aquilino met with the officers and gave what I found to be an ill-advised speech, especially in light of other recent high-profile events. He berated an aviator for expressing concerns about his inability to maintain qualifications, by saying "Don't come bitching to me about when your last trap was." When another officer raised an inquiry into the plan and what measures would be in place to keep sailors safe when we returned to sea, the Admiral minimized any concern, stating "I can tell you what, we're never doing this again. If we did, I wouldn't have any ships at sea. I know that's not what you wanted to hear." Finally, he ended by lamenting that the officers were "not more motivated to get back out sea." This felt like just more evidence that the sailors onboard the TR and senior level leadership outside the TR were not on the same page. Our sailors' health and safety and the expert opinions of the medical department were certainly not the focus.

I sincerely trust that the Navy and the country can and will press through this ordeal in order to continue to maintain freedom and democracy around the world in the most effective, contagious way possible. I submit this statement in hopes that this will come to fruition.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Psychologist

I swear that the information in the statement above is true to the best of my knowledge and belief.

(b) (6)



18 May 2020 1900K
(Date) J Time

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CDR USN, C7F <(b) (6)@lcc19.navy.mil>
Sent: Tuesday, May 12, 2020 7:10 AM
To: (b) (6) LT USN VCNO (USA)
Cc: (b) (6) CAPT USN, C7F; C7F-COVID-WG; C7F BWC; C7F ABWC
Subject: BLUF: C7F Response to VCNO TR Command Investigation RFI
Attachments: N014 Battle rhythm (underway).xlsx; N014 Battle rhythm (Covid).xlsx; RFI Response to Question 3.docx; TIMELINE OF MEDICAL SUPPORT TO THR.DOCX

LT (b) (6),

Please find the answers below, and attached in response to the subject RFI. TR SOMs will follow on SIPR.

- RFI 1: Provide other TSC engagements 30 days before/after Da Nang port visit.

Response: TR SOM (SIPR) dated 15 Feb. TR conducted a DV fly-out from Vietnam on 3 March; no other TSC engagements occurred.

- RFI 2: Provide original plan for TR following Da Nang, and then the plan they executed. Ensure the differences are highlighted and the geographic areas are understood.

Response: TR SOM (SIPR) dated 23 Mar and 25 Mar.

- RFI 3: From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.

Response: Attached files.

V/R,

(b) (6)

CDR (b) (6)
C7F COVID Response Cell
J-Dial: (b) (6)
DSN in port: (b) (6)
COM in port: (b) (6)
-->DSN underway: (b) (6) ← New 7 April COM underway:
-->(b) (6) ← New 7 April
-->SIPR: (b) (6)@lcc19.navy.smil.mil
NIPR Ashore: (b) (6)@fe.navy.mil

-----Original Message-----

From: C7F ABWC
Sent: Tuesday, May 12, 2020 6:25 AM
To: C7F-SITREP-INTERNAL <(b) (6)@lcc19.navy.mil>; William Merz <(b) (6)@fe.navy.mil>; (b) (6) <(b) (6)@fe.navy.mil>; (b) (6)@OCONUS.NAVY.MIL'; C7F BWC <(b) (6)@lcc19.navy.mil>
Subject: BLUF: VCNO TR Command Investigation RFI

VADM, CoS, and Team,

BLUF: VCNO TR Command Investigation RFI

Summary:

- VCNO requests the following RFIs be answered within 24 hours of receipt.
- RFI 1: Provide other TSC engagements 30 days before/after Da Nang port visit.
- RFI 2: Provide original plan for TR following Da Nang, and then the plan they executed. Ensure the differences are highlighted and the geographic areas are understood.
- RFI 3: From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.

*(this is the same RFI (#3) submitted to TR and CSG9, however, we're looking for how the Battle Rhythm at each level was conducted)

- VCNO POC: LT (b) (6) (b) (6) @navy.(smil.)mil <mailto:(b) (6) @navy.(smil.)mil>
- Notify VCNO POC on NIPR if RFI responses will be sent on SIPR.

Very Respectfully,

ISC(IW/AW/SW) (b) (6)

C7F ABWC

Onboard USS BLUE RIDGE

DSN: (b) (6) (U/W)

DSN: (b) (6) (I/P)

DRSN: (b) (6)

Tandberg: (b) (6)

J-Dial (b) (6)

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C7F SURGEON OFFICE BATTLE RHYTHM (Underway)

Legend:	All	CAPT	Planners	HMCS	HM1	Meals	White Space
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
6:30							
7:00							
7:30			Office Field day (HM1)		Office Field day (HM1)		Office Field day (HM1)
8:00		CUB/CAB	CUB/CAB	CUB/CAB	CUB/CAB	CUB/CAB	CUB/CAB
8:30							
9:00		FOPs (Planners)	FOPs (Planners)	FOPs (Planners)	FOPs (Planners)	FOPs (Planners)	FOPs (Planners)
9:30		N014 Standup (All)		N014 Standup (All)		N014 Standup (All)	
10:00					PBFA (every other week) (HMCS)		
10:30	Brunch						
11:00		LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
11:30							
12:00							
12:30							
13:00			DLCPO MTG (HMCS)			Weekly Field day: Deep Clean Office & Head (HM1)	
13:30							
14:00			Council of Captains (CAPT/ HMCS)	N0 Quarters (HMCS/ HM1)			
14:30							
15:00			N0 LCPO/LPO SYNC (HMCS/ HM1)		TSC Meeting (CAPT/ (1)Planner)		
15:30							
16:00		CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)	CoS End of Days (CAPT)
16:30	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
17:00							
17:30							
18:00							

C7F SURGEON OFFICE BATTLE RHYTHM (COVID)

Legend:	All	CAPT	Planners	HMCS	HMI/HM2	Meals	White Space
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00							
6:30	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
7:00							
7:30		N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup
8:00							Weekly CPF
8:30		CUB/CAB	CUB/CAB / Office Field Day (HM2)	CUB/CAB	CUB/CAB / Office Field Day (HM2)	CUB/CAB	Surgeon COVID Synch (CAPT) CUB/CAB (LCDR/HMCS) Office Field Day (HM2)
8:59	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call	Review BWC Daily data call
9:00		FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)	FOPs 0915-0930 (LT)
9:30	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)	COVID CAT 0900-1030 (CAPT/LCDR)
10:00		COVID LOE 2	COVID LOE 2	COVID LOE 2	COVID LOE 2 / PBFA (every other week)	COVID LOE 2	COVID LOE 2
10:30	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con	TR/RRN Medical SYNC T-con
10:55		Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad	Send Daily Message/Quad
11:00		N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup
11:30		LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
12:00	BRUNCH	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)	CDR's Situation Brief (FCR) (CAPT/LCDR/ HMCS)
12:30					CTF Medical COVID T-con Sync (CAPT/LCDR/ HMCS)		
13:00	N014 Standup						
13:30			DLCPO MTG		1330-1530 CAPT: Public Health USFJ Sync (USAF Yokota AB)	Weekly Field day: Deep Clean Office & Head	
13:59	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due	CTF Daily Reports Due
14:00			Council of Captains (CAPT/HMCS)		COVID SYNC		
14:30		COVID SYNC		COVID SYNC		COVID SYNC	COVID SYNC
14:59					TSC Meeting (CAPT/ LT (b))		
15:00	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync	CTF-70 T-con Sync
15:30		CoS End of Days	CoS End of Days	CoS End of Days	CoS End of Days	CoS End of Days	CoS End of Days
16:00							
16:29	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due	CTF Roll-up (C7F one slide roll-up) Due
16:30							
17:00	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
17:30							
18:00	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)	COVID CAT CoS Update (LCDR)
18:30							
19:00							
19:30		N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup	N014 Standup

RFI Response to question 3: From Da Nang to CO relief, describe the operations and medical Battle Rhythm (normal events). Include normal attendees. Describe how the Battle Rhythm adjusted over time.

-See attached for N014, Fleet medical specific, pre and post COVID office Battle Rhythms.

-See attached for timeline of medical support to THR.

-See attached for COVID working group evolution of battle rhythm to current.

-CAPT (b) (6) and LCDR (b) (6) participated daily in the 0900(I) SVTC COVID Update with principle leadership from CTF-71, CTF-75, CNRM, TF MED, TF HOTEL, and NB GUAM.

-CAPT (b) (6), C7F Fleet Surgeon sent a daily COVID update email starting 25Jan20 to present, to Fleet medical leaders and SMEs. Recipients include:

(b) (6)



-CAPT (b) (6), C7F Fleet Surgeon hosted a weekly COVID medical sync t-con starting 05Mar2020, one week before COVID being declared a Pandemic, consisting of Fleet medical leaders and SMEs (more participants were added over time as specialists were needed for SME input). Recipients include:

(b) (6)



(b) (6)



-LCDR (b) (6), C7F Deputy Surgeon and HMCS (b) (6), C7F Fleet Independent Duty Corpsman were permanently reassigned to the COIVD Crisis Action Team/Working Group 07Apr2020. Products developed include:

- Redeployment of 3rd Med BN and phased turnover to EMF

- Developed tracker of required items for CVN COVID response that includes PPE, cleaning material, medical, and testing.

- Decision for EMF acceleration phases (transition of ICU/Ward capacity phases that trigger early activation of EMF personnel out of ROM)

- C7F COVID-19 CONOPS (Posture and transition of bubble, unit-SOM/Actions for positive cases, Ship recovery)

- Testing criteria to enter clean ship

- Pre-deployment sequestration HVU

- Management of persistent positives

- ROK testing alternatives

- Establishing clean ship and returning to clean ship

- Testing method comparison options

- TR testing, quarantine and isolation plan

RFS's include:

EMF:

- Download in Guam complete; EMFAT and ADVON for TR response arrived to Guam. Main body arrived 07May.

- RFS on behalf of Task Force Medical/3D MED BN for augmentation to sustain continued COVID-19 response to THR

- Personnel Augmentation IOT sustain TF MED/3D MED BN Support. Sourced by III MEF

THR:

- USN Med Dept Augmentation support (22 PAX) and SPRINT.

- SPRINT and 21 PAX arrived. Pending EHO arrival (sourced, travel arrangements in progress)

- Additional MED augment team and Respiratory Tech to support transit to homeport (Pending clean bubble arrival from SD)

- Underway testing and surveillance capability on THR. (RECLAMA; awaiting OPNAV N44 and BUMED response to move fwd with organic testing capability)

RFIs include:

C7F to CTFs: Identify high risk personnel and of those who is in critical billets (this is to have data to view options for managing those at high risk if COVID+)

VOCO order sent out to CTFs to give COVID patient Hospitalization updates every 6 Hours.

C7F to BUMED Testing clarification on viral cultures

C7F to THR Personnel meeting RTW criteria and then testing positive.

-CAPT (b) (6) sends a routine bi-weekly report to PACFLT medical concerning AOR medical business.

-HMCS (b) (6) sends a weekly report to PACFLT medical concerning AOR medical business.

-HMCS (b) (6) sent a daily THR patient update to PACFLT and AIRPAC medical.

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TIMELINE OF MEDICAL SUPPORT TO THR

Date	Event	Key Information
13 Feb 2020	INITIAL C7F TASKORD COMMANDER 7 TH FLT TASKORD FHP AGAINST COVID-19 + COVID 19 CONOPS AND PRE-BOARD QUESTIONNAIRE	Sent for review at PACFLT/ TYCOMS/NMPMU
12 Feb 202	VOCO TO CTF'S TO PROVIDE DAILY REPORT OF PERSONNEL IMPACTED BY COVID-19	Provided Quarantine Tracker to CTF's
15 Feb 2020	DTG 150300Z FEB20 RELEASED COMMANDER 7 TH FLT TASKORD	<ul style="list-style-type: none"> • Educational Campaign • -HHQ reporting for ILI/Suspected cases • Screening prior to boarding • ROM Plan? isolation plan • BPT to execute shipboard outbreak plan • PPE level requirement • Supply and equipment • Country risk Assessment • Ability for CO's to enact more rigorous LOE according to risk •
16 Feb 2020	INITIAL FRAGO 001 TO TASKORD 20-057 FOR FPH AGAINST COVID-19	Additional defensive measures refined and sent to Fleet, including THR.
20 Feb 2020	ENACTED MONTHLY T-CON WITH CTF MEDICAL LEADERS, PHEOS, NH LEADERS, SMES ACROSS AO. THIS INCREASED TO WEEKLY ON MARCH5, THE WEEK PRIOR TO COVID-19 BEING DECLARED A PANDEMIC	Discussed current and upcoming policy, due-outs, action items, best practices and answered questions and concerns. THR Senior Medical Officer participated.
21 Feb 2020	PROVIDED PACFLT FOR COA IN ACTION FOR POTENTIAL COVID EMBARKING CASES	
24 Feb 2020	OPT COVID-19 FHP	Weekly
24 Feb 2020	PACIFIC SENTRY/KEEN EDGE	
26 Feb 2020	Sent PACFLT MLCOA/MDCOA while executing OAI in moderate risk countries.	Indicated C7F concerns regarding how a likely shipboard infection outbreak would incapacitate a Navy ship.
27 Feb 2020	EXORD IN RESPONSE TO COVID-19	•

27 Feb 2020	COVID Working Group established	
28 Feb 2020	C7F SURGEON OFFICE INITIATED INTERNAL CRISIS ACTION TEAM, POSTURING OFFICE TO 24/7 COVERAGE	<ul style="list-style-type: none"> Moved to 24/7 coverage
29 Feb 2020	FDPMU REQUEST FOR TESTING CAPABILITIES FOR THE BLR, AMA, AND THR SENT TO PACFLT	
29 Feb 2020	CPF FRAGO TO EXORD 20 CPF054 IN RESPONSE TO COVID-19	CPF CCIR <ul style="list-style-type: none"> Any sailor or Gov't employee with symptom Any spike within the Region or Country.
	COVID CAT TEAM EST.	
	REQUESTED FOR III-MEF MED TASK FORCE	Medical Team from III-MEF/3rd Med BN augment the THR with medical support
7 March 2020	TESTING TEAMS ARRIVAL THR	<ul style="list-style-type: none">
7 March 2020	THR ANCHORED IN DA NANG, VIETNAM	
8 March 2020	C7F TASKORD FOR PHASE 2 Mitigation	<ul style="list-style-type: none">
9 March 2020	THR UNDERWAY FROM DA NANG, VIETNAM	
9 March 2020	THR STARTED SCREENING FOR COVID-19 (PERSONNEL FROM VANDA HOTEL)	39 tested, all negative
24 March 2020	THR 1 ST TWO POSITIVE CASE REPORTED	
	EXECUTE RESPONSE COA TO VECTOR SHIP TO GUAM	
25 March 2020	MEDEVAC OF FIRST POSITIVE CASES FROM THR TO GUAM	
26 March 2020	THR ARRIVED GUAM	
27 March 2020	THR SENIOR MEDICAL OFFICER REQUESTS X6 ICU TEAMS TO AUGMENT TEAM.	
27 March 2020	C7F SURGEON OFFICE BEGINS COORDINATION FOR DELIVERY OF URGENT MEDICAL ASSETS. IMMEDIATELY SUBMITTED REQUEST FOR X6 ICU TEAMS AND EQUIPMENT FROM 3 RD MEDICAL BATTALION. BEGAN DETAILED COORDINATION FOR AN ASAP ARRIVAL.	
30 March 2020	TESTING SAMPLES BEGIN MOVEMENT TO KOREA FOR HIGH-VOLUME TESTING.	
30 March 2020	C7F REQUESTED EMERGENT PPE REQUESTS, INCLUDING N-95 MASKS FROM BUMED AND NAVAL HOSPITAL OKINAWA, TO ENABLE 3D MEDICAL BATTALION TO DEPLOY IN SUPPORT OF THR.	
1 April 2020	SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM (SPRINT) REQUESTED FOR IMMEDIATE DEPLOYMENT IN SUPPORT OF THR.	

2 April 2020	3D MEDICAL BATTALION TEAM ARRIVES GUAM AND IS DESIGNATED TASK FORCE MEDICAL	60 Person team provides x6 additional ICU-level beds, additional Medical C2, testing augmentation, and hospital corpsmen support.
2 April 2020	MEDICAL AUGMENTATION PACKAGE OF 22 PERSONNEL REQUESTED BY C7F TO REPLACE SHIPBOARD MEDICAL DEPARTMENT PERSONNEL WHO ARE IN ISOLATION AND QUARANTINE DUE TO CORONAVIRUS INFECTION.	
3 April 2020	250-BED EXPEDITIONARY MEDICAL FACILITY REQUESTED	
6 April 2020	SPRINT TEAM ARRIVES FROM CONUS on 06 APRIL 2020	



News

Vietnam suspends entry from all coronavirus-hit areas

By **Viet Tuan** February 25, 2020 | 09:00 pm GMT+7

No person coming from any area that has experienced a Covid-19 outbreak will be allowed to enter Vietnam, the PM directed Tuesday.

Prime Minister Nguyen Xuan Phuc asked the Ministry of Foreign Affairs to apply the new policy to South Korea, Japan, Italy, Iran and all other countries and territories that have reported cases of Covid-19 caused by the novel coronavirus.

Vietnam has so far achieved positive results in fighting the Covid-19, but the epidemic has entered its next stage, spreading to many other parts of the world and is now developing complicatedly and unpredictably in South Korea, Japan, Italy and Iran, the PM noted.

For those who have to enter Vietnam for state affairs or exclusive matters, the government requests them to follow the nation's health declaration procedure and stay in quarantine for 14 days.

Citizens of countries stricken by Covid-19, but from cities/provinces free of the epidemic, will have to submit a health declaration and submit to further procedures deemed necessary when entering Vietnam.

Vietnamese citizens from China's epidemic hit areas can return home, but only via international border gates and will have to be quarantined for two weeks on entry, continuing the policy being followed for the past month.

For its part, the Ministry of Foreign Affairs has called on all Vietnamese citizens not to travel to affected areas and if such travel is unavoidable, they have to be quarantined on return.





and guidance of the local authorities; and advised not to return to Vietnam at this time.

Deputy PM Vu Duc Dam had said earlier Tuesday that in order for the country to achieve the positive results it has so far, Vietnam had been proactively implementing measures to prevent and limit the epidemic from mid-December last year, as soon as reports appeared of the Covid-19 in China's Wuhan City.

Starting February 1, Vietnam had suspended all flights to and from China and stopped granting tourist visas to Chinese from epidemic-stricken areas.

After South Korea raised its disease alert to the 'highest level,' the Vietnamese government has tightened controls for visitors from that country. Starting Monday, everyone coming in from South Korea has to make health declarations, and those with symptoms like high fever, coughing and breathing difficulties will be placed in quarantine for a minimum of 14 days.

Now all flights from infected areas in South Korea will be diverted to smaller airports Van Don in the northern Quang Ninh Province, Phu Cat in the south central Binh Dinh Province and Can Tho in the Mekong Delta.

Saigon and Da Nang are currently quarantining 83 people coming on Monday from South Korea's Daegu City, where a major coronavirus outbreak has been detected. Some South Koreans who refused to be quarantined will be flown home late Tuesday night.

South Korea is making headlines internationally as one of the worst-hit countries and territories by the coronavirus epidemic, recording 977 infections by Tuesday evening, second only to China.

As of Tuesday, the last of the 16 infection novel coronavirus infections detected so far in Vietnam had fully recovered. Over the past 13 days, no new infection case has been reported in the country.

The Covid 19 is affecting 39 countries and territories. Death toll has crossed 2,700, mostly in China, followed by Iran with 15, South Korea with 11 and Italy with seven.



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TUE, 26 MAY 2020 00:10:09:0400 BUSINESS
 HOME

TIẾNG VIỆT

US REMOVES VIETNAM FROM LIST OF AREAS VULNERABLE TO COMMUNITY SPREAD OF SARS-COV-2

Thu, 02/27/2020 - 23 52

The US Centres for Disease Control and Prevention (CDC) on February 27 decided to remove Vietnam from the list of destinations vulnerable to community transmission of SARS-CoV-2.

The decision was made during a teleconference between the Vietnamese Embassy in the US and the US Department of State, Department of Health and Human Services (HHS), and the CDC.

Representatives of the CDC and the HHS praised the Vietnamese Government's efforts in the fight against the acute respiratory disease caused by SARS-CoV-2, saying monitoring, quarantine and treatment have been carried out comprehensively in the country.



The CDC said it plans to dispatch a delegation to Vietnam in the second half of March in order to enhance medical cooperation between the two countries and accelerate the establishment of a CDC office in the Southeast Asian nation.

The HHS also affirmed its willingness to consider helping Vietnam with more equipment in service of the epidemic combat.

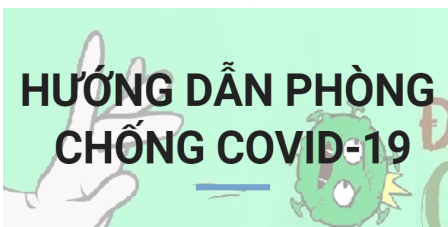
Regarding regional collaboration, the US side expressed its wish to step up cooperation with the Association of Southeast Asian Nations (ASEAN) in epidemic control, which is also expected to be tabled for discussion at the ASEAN-US Summit slated for March 14 in Las Vegas.

Over the past time, apart from authorities, many US firms have also shown their interest in promoting medical collaboration with Vietnam.

According to the US-ASEAN Business Council, among a delegation of more than 40 US enterprises to visit Vietnam from March 3-6, there are about 20 specialising in health care and pharmaceutical products.-VNA

H-FOF-147

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 Bấm vào đây để tải về:
GIẤY XÁC NHẬN CỦA ĐẠI SỨ
QUÁN DÙNG ĐỂ LÊN MÁY BAY VÀ
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From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: HODs & PAs; DLCPOs: (b) (6) HM1 USN, CCSG 9; (b) (6) HMC USN, CVW-11
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CMC USN, CCSG9; (b) (6) CMDCM USN, CVW-11; MED KHAKI
Subject: COVID-19 Screening for CSG-9 sailors after a port visit
Date: Tuesday, March 3, 2020 7:08:39 AM
Attachments: [COVID-19 SCREENING PLAN - after a port visit.docx](#)
[USFFC COVID-19 SCREENING QUESTIONNAIREv28feb20.pdf](#)

All,

Following up to our previous plan for COVID-19 screening for those arriving via COD, attached you will find our screening plan for CSG-9 sailors on the TR after a port visit.

BLUF: All personnel boarding, regardless of country of origin, must be screened prior to coming on the ship and then will need to be screened for a total of 7 days after getting underway. They will self-monitor for an additional 7 days. The screening essentially consists of asking whether or not they have a "flu-like" illness which will determine the need for additional medical screening (temperature). Please note that for at least the first 7 days after leaving a port there will be different entrances for medical for routine Sick Call and for those needing COVID-19 screening - details in the memo.

Two attachments:

- 1) Memorandum outlining the screening plan for after a port visit. This plan hinges on leadership involvement with verbal screening. The plan for those arriving by COD remains the same (and is very similar).
- 2) Most recent COVID-19 Screening form.

Thanks for your help.

Standing by for questions.

v/r,

SMO

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b) (6)
Cell: (b) (6)

1 MAR 20

MEMORANDUM

From: Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: USS THEODORE ROOSEVELT (CVN 71) COVID-19 SCREENING PLAN AFTER A PORT VISIT

Ref: (a) C7F FRAGORD 011 TO TASKORD 20-057 FOR FHP AGAINST COVID-19
(b) COVID-19 Screening Questionnaire

1. Due to the increasing risk of Coronavirus transmission, per reference (a), all personnel boarding the ship require a COVID-19 Medical Screening for seven days and an additional seven days of self-monitoring. This 14 day period will start the day we get underway from a port visit. The Medical Department will oversee the COVID-19 screening process. COVID-19 screeners are not required to be Medical department personnel.

2. Per references (a) and (b), all personnel coming to the ship will be screened for the following symptoms:

- a. Fever
- b. Chills
- c. Cough
- d. Sore Throat
- e. Shortness of breath
- f. Body aches
- g. Abdominal pain

3. COVID-19 screening plan for all personnel getting underway after a port visit is as follows:

a. Personnel will be queried daily by their departmental/squadron leadership for 7 days for any of the symptoms in paragraph 2. Personnel will then self-monitor for symptoms for an additional 7 days. **Individuals with positive screening must report to Medical immediately. They will be asked to put on a mask and undergo further screening. From 0700-0900 Monday-Saturday they will be directed to enter via Aviation Medicine (b) (6)). Routine Sick Call (0830-0930) will enter the Physical Therapy door (b) (6)).**

(1) Once screening is accomplished, reports of positive screening will be forwarded via email to CAPT (b) (6) at (b) (6) @cvn71.navy.mil. Departments are required to provide feedback to Medical by 1600 on a daily basis, or as soon as possible after evening muster. Departments will maintain their screening results. Medical will track the positive screening results.

4. Please contact LT (b) (6), Ship's Nurse, or CAPT (b) (6), Nurse Anesthetist, at J-dial (b) (6) or via email at (b) (6) @cvn71.navy.mil or (b) (6) @cvn71.navy.mil with any questions.

/s/
(b) (6)

USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN PAST 14 DAYS? YES NO
a. China, including Hong Kong and Macau

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? YES NO
a. Japan
b. Singapore
c. South Korea
d. Italy
e. Iran
-

3. ARE YOU CURRENTLY SICK? YES NO
a. Fever
b. Chills
c. Cough
d. Sore throat
e. Shortness of breath
f. Body aches
g. Abdominal pain

*** IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT ***

4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? YES NO
a. Within 6 feet
b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.)
c. Had direct contact with secretions (been coughed on, sneezed on, etc.)
-

5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS? YES NO
a. Facility visited: _____ (Medical Dept can query if cases reported there)
b. If "Yes", for Medical Department Representative inquiry only:
i. For what reason/condition: _____
-

If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with **DOD ID number, date, time, screener name, and temperature.**

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- a. If temperature is greater than or equal to 100 °F (37.8 °C), log, **DENY ENTRY**, provide individual with a clean mask
b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete.



En Route to 'NAM

Agenda

- Care in 'Nam
- Hospitals in Vietnam
- MEDEVAC/Patient Transport
- Screening/Fleet Landing Plan
- Duty in 'Nam

After Action from Guam

- Sick call hours the same. Start at 0830.
- Place signage in morning on the Port Side
- Secure the starboard door.



USS THEODORE ROOSEVELT (CVN 71)
DA NANG, VIETNAM
5 MAR – 9 MAR
PORT CALL

MEDEVACS/OFF SHIP
EMERGENCY/CONSULT

Emergent Medical Care or Emergency MEDEVAC:

- Notify ACDO, SMO and Duty Provider.
- Notify ISOS.

TRICARE/INTERNATIONAL SOS (ISOS)

24 HOURS: (b) (6)

24 HOUR EMAIL: (b) (6) [@internationalsos.com](mailto:(b) (6)@internationalsos.com)

** CVN 71 Medical Dept will NOT send patients to any hospital in Da Nang without ISOS approval except for emergencies.**

MEDEVACS/OFF SHIP EMERGENCY/CONSULT

Emergent Consults

- If urgent consult is required (trauma, patient reports to local hospital, orthopedics, etc) notify SMO and Duty Doc. If ISOS is needed, contact ISOS with required information:
 - Name
 - Date of Birth
 - SSN
- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel.
- Utilize the medical van for patient transport if directed to transport patient to Hoan My Da Nang Hospital.

Non-Emergent Consults:

- SMO and Duty Doc must determine treatment needs of the patient.
- Contact with ISOS can be may made by any Medical Department Personnel
- For non-emergent consults, ISOS will determine the best suited medical facility for the patients medical condition.
- Utilize the medical van for patient transport in non-emergent cases, in which ISOS has already been contacted and directed to transport patient to hospital. (Medical has driver and van available)

HEALTHCARE FACILITY

HOAN MY DA NANG HOSPITAL

161 Nguyen Van Linh Street, Thanh Khe
District,
Da Nang, Vietnam

From ship: (b) (6)

From local cell: (b) (6)

MEDICAL DEPARTMENT OFF SHIP COMM

DA NANG MEDICAL DUTY VAN

Name of Driver:

CELL NUMBER:

FROM SHIP: (b) (6)

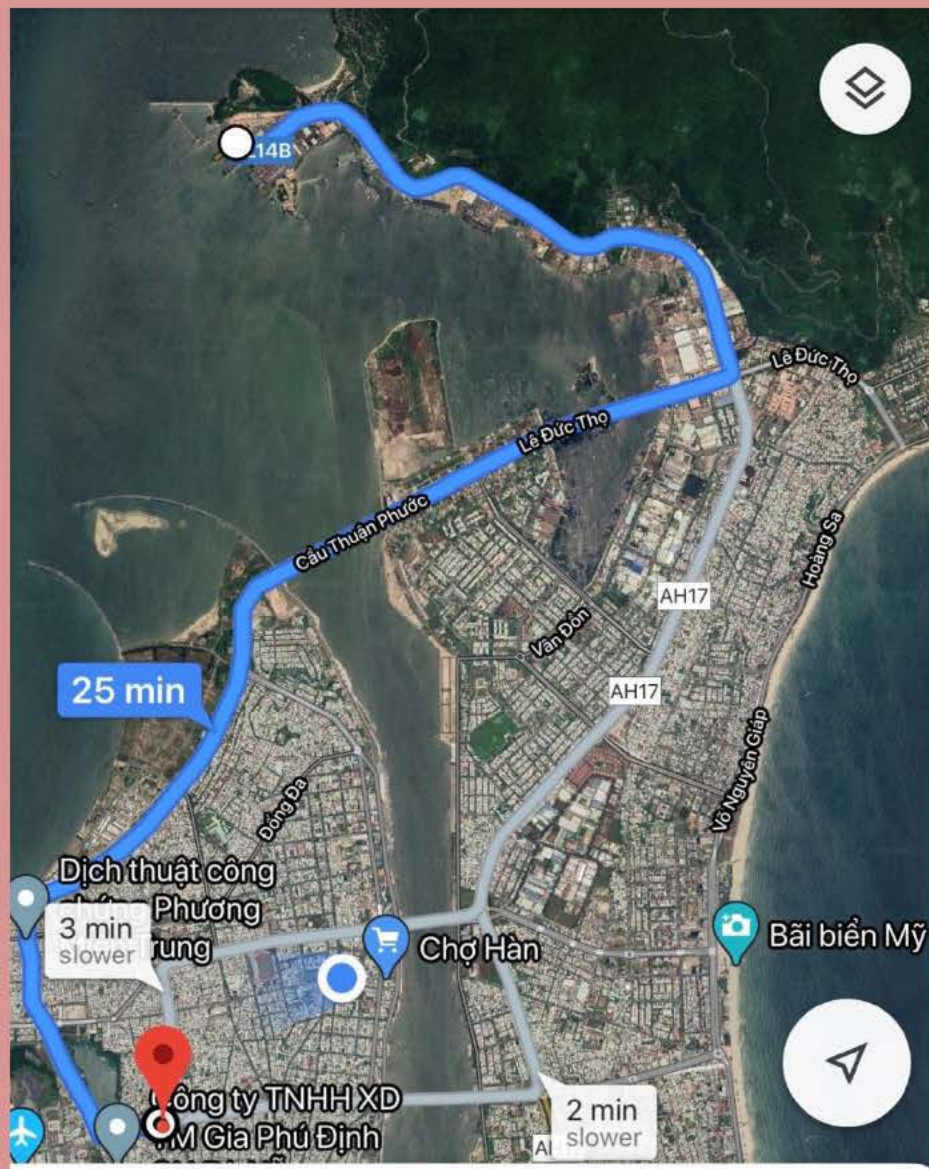
DUTY CORPSMAN ON THE PIER

CELL NUMBER:

FROM SHIP: (b) (6)

FROM VIETNAM DUTY CELL TO SHIP:

(b) (6)



Medical Evacuation – Priority I

Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	Gender:
SSN:		Male Female
Cmd/Dept		
ICD-10 Code(s):	Allergies:	Medications:
Altitude restrictions? YES NO	Any precautions regarding contagious diseases? YES NO	Altitude restrictions? YES NO
Condition: (circle) Stable Critical	Aircraft Configuration: (circle) Ambulatory Litter	
Command Escort Require? YES NO	Medical Attendant? YES NO	
Medical Facility:		
Hospital:	Phone:	
Accepting Physician:	Phone:	

- Before the patient leaves :

A copy of all medical documentation that needs to accompany the patient.

- After the patient leaves I will need:

Brief summary of the medical picture. Message traffic is required.

Message 14

Patient Transport for Medical Reasons

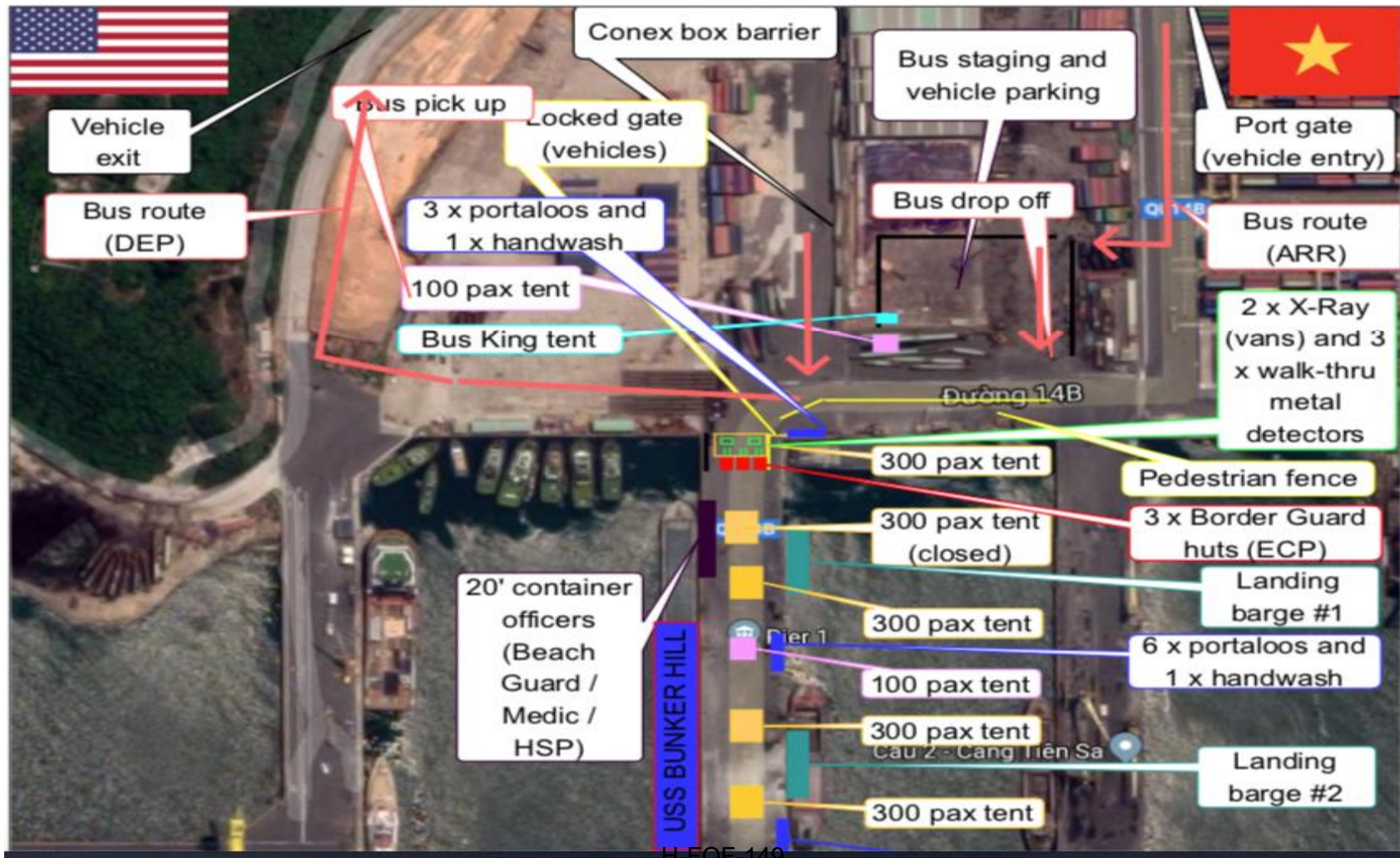
Name (Last, First, MI)		Rate/Rank/Service:
DODID:	Date of Birth:	
Cell Phone Number:	Cmd/Dept:	
If necessary, is patient able to tolerate the forces of a catapult launch? YES NO		
Command Escort Require? YES NO		
Provider to Provider Turnover: Hospital:		
Accepting Physician:	Phone:	Time and Date:

- Before the patient leaves :
A copy of all medical documentation that needs to accompany the patient.
- After the patient leaves I will need:
Brief summary of the medical picture



Screening/Fleet Landing Medical

Fleet Landing Layout



Screening Set up



Comms pending



ECP

Thermal scanner



LB

LB

U
S
S

B
K

HOF-149

LB= Landing Barge

USFFC COVID-19 SCREENING QUESTIONNAIRE

v2020.02.28

- | | | |
|---|-----|----|
| 1. HAVE YOU BEEN TO ANY HIGH RISK COUNTRIES IN PAST 14 DAYS? | YES | NO |
| a. China, including Hong Kong and Macau | | |

If "YES", **STOP! DENY ENTRY**, screening complete, provide individual a mask, consult Medical Dept

- | | | |
|---|-----|----|
| 2. HAVE YOU BEEN TO ANY SIGNIFICANT RISK COUNTRIES IN PAST 14 DAYS? | YES | NO |
| a. Japan | | |
| b. Singapore | | |
| c. South Korea | | |
| d. Italy | | |
| e. Iran | | |
-

- | | | |
|----------------------------|-----|----|
| 3. ARE YOU CURRENTLY SICK? | YES | NO |
| a. Fever | | |
| b. Chills | | |
| c. Cough | | |
| d. Sore throat | | |
| e. Shortness of breath | | |
| f. Body aches | | |
| g. Abdominal pain | | |

*** IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT YOUR MEDICAL DEPARTMENT ***

- | | | |
|--|-----|----|
| 4. IN PAST 14 DAYS, HAVE YOU HAD CLOSE PERSONAL CONTACT, AS DEFINED BELOW, WITH ANYONE KNOWN TO BE INFECTED WITH COVID-19? | YES | NO |
| a. Within 6 feet | | |
| b. In a confined space (cab, small room, shared stateroom, berthing proximity, office, etc.) | | |
| c. Had direct contact with secretions (been coughed on, sneezed on, etc.) | | |
-

- | | | |
|---|-----|----|
| 5. HAVE YOU VISITED ANY MEDICAL FACILITY IN THE PAST 14 DAYS? | YES | NO |
| a. Facility visited: _____ (Medical Dept can query if cases reported there) | | |
| b. If "Yes", for Medical Department Representative inquiry only: | | |
| i. For what reason/condition: _____ | | |
-

If 2 or more questions are answered "YES", with appropriate PPE, temperature screening will be conducted. Data will be logged with DOD ID number, date, time, screener name, and temperature.

Log will be maintained by Medical Department and frequently reviewed by senior medical department representative.

- | |
|--|
| a. If temperature is greater than or equal to 100 °F (37.8 °C), DENY ENTRY , provide individual with a clean mask |
| b. If temperature is less than 100 °F (37.8 °C), log, allow access, screening complete. |

Screening/Fleet Landing Medical



No

Yes

FEVER?

Holding
area



Answer No: Welcome to the
TR

Screening

COVID-19 PRE-BOARDING QUESTIONS

1. HAVE YOU BEEN TO ANY **HIGH RISK** COUNTRIES IN THE PAST 14 DAYS?

- a. China (including Hong Kong and Macau)
- b.

IF "YES", YOU MAY NOT BOARD THE SHIP. PLEASE SEE MEDICAL.

2. HAVE YOU BEEN TO ANY MODERATE-SIGNIFICANT RISK COUNTRIES IN THE PAST 14 DAYS?

- a. Singapore
- b. Thailand
- c.

IF "YES" CONTINUE TO QUESTION 3. IF "NO", YOU MAY BOARD.

3. ARE YOU CURRENTLY SICK?

- a. FEVER
- b. CHILLS
- c. COUGH
- d. SORE THROAT
- e. SHORTNESS OF BREATH
- f. BODY ACHES

IF YOU DEVELOP ANY OF THESE SYMPTOMS, CONTACT MEDICAL!

4. HAVE YOU HAD CLOSE PERSONAL CONTACT (WITHIN 6 FEET, IN A CONFINED SPACE, OR BEEN COUGHED/SNEEZED ON) WITH ANYONE WHO IS SICK IN THE PAST 14 DAYS (SAME SYMPTOMS AS QUESTION 3)?

5. HAVE YOU VISITED ANY MEDICAL FACILITY IN A MODERATE-SIGNIFICANT RISK COUNTRY IN THE PAST 14 DAYS?



Answer Yes to questions: Take vitals
(temperature) Patient logged in Green book.
Place in holding area and coordinate with ship's
medical for further evaluation.

Screening
Area

Medical Logistics/Set up

Logistics needed from
Supply:

- 5-10 chairs
- 1 tables (screening / equipment table)
- 1 tent (holding)
- Trash bin, trash bags
- Food for watchstanders
- Power source

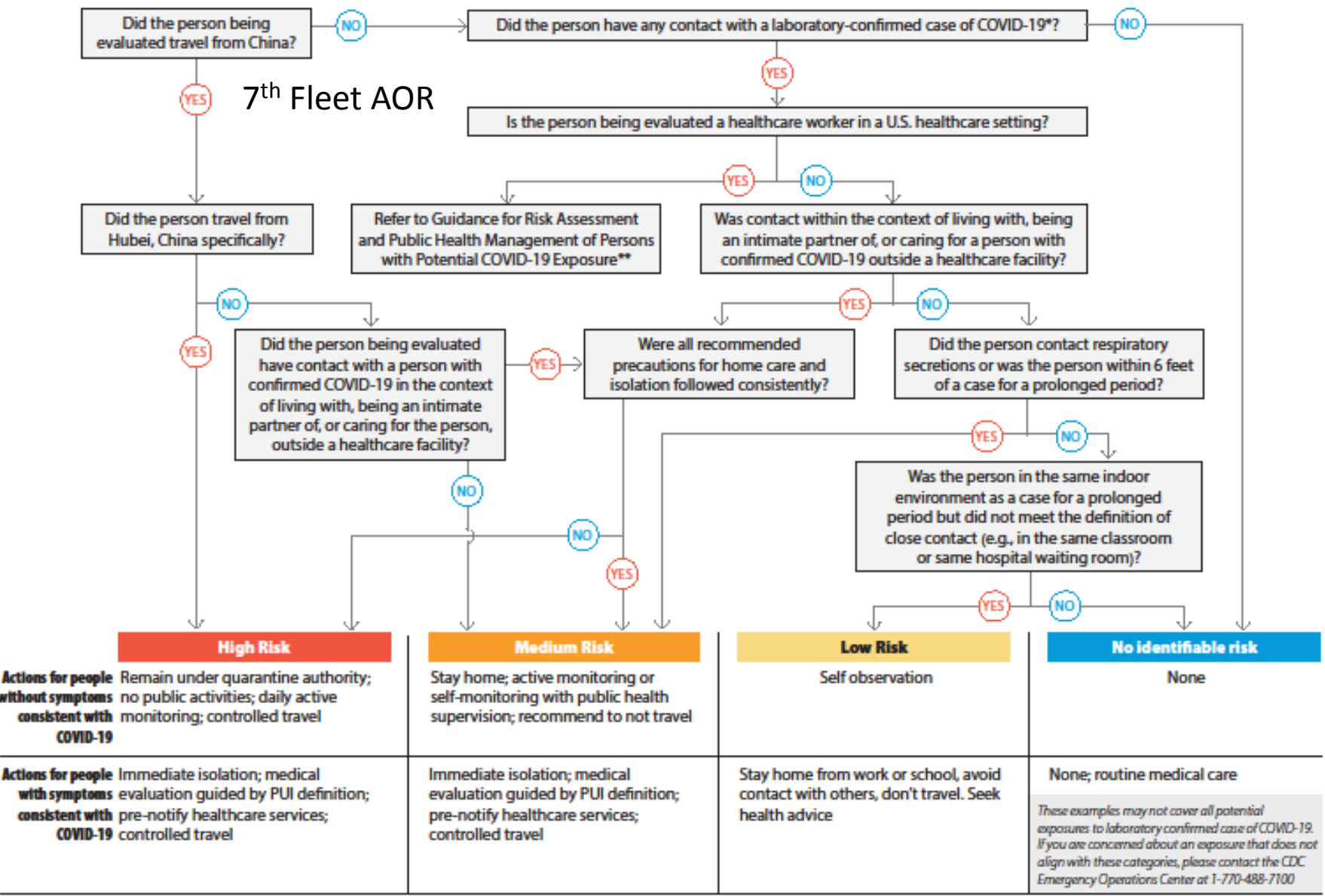
Medical Supplies:

- Thermometer
- Water
- Log book
- Hand sanitizer
- Vital signs
- Biohazard bag
- Alcohol swabs
- Chem lights
- Comm w/ ships medical
 - **Radio and radio charging station**



Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Each question refers to within the past 14 days



*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing

**Healthcare provider (HCP) guidance outlines risk categories to determine work exclusion and monitoring procedures. After identifying risk category in the HCP guidance, use the categories outlined here to determine quarantine requirements.

02/28/20

Medical Screening - Inbound COD

- Screen Incoming COD passengers from all countries in current AOR
- Time Frame: 7 days by department (daily reports to CAPT (b) (6)), next 7 days via self-reporting
- Departments will email CAPT (b) (6) daily report of **negative and positive** screenings on all COD individuals NLT 1600.
- Department Level Screening
 - Ask member about COVID-19 specific symptoms
 - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
 - Patient dons surgical mask in medical
 - Fill out Respiratory Questionnaire (if initial visit)
 - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
 - Patients will wait until evaluated by provider.
 - Option #1: Quiet Room (1-6 people)
 - Option #2: Ward with Curtain closed(~10-15 people)
 - If patients require Biofire or COV-19 testing, they will be moved to Quiet Room vs Ward depending on number.
 - Daily Re-evaluation by medical: current symptoms and vital signs including temperature (fill out Re-evaluation Form)

Medical Screening - Post Vietnam

- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.
 - Ask member about COVID-19 specific symptoms
 - Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
 - Patient dons surgical mask in medical
 - Fill out Respiratory Questionnaire (if initial visit)
 - Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
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Medical Screening - Inbound COD



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Medical Screening - Post Vietnam

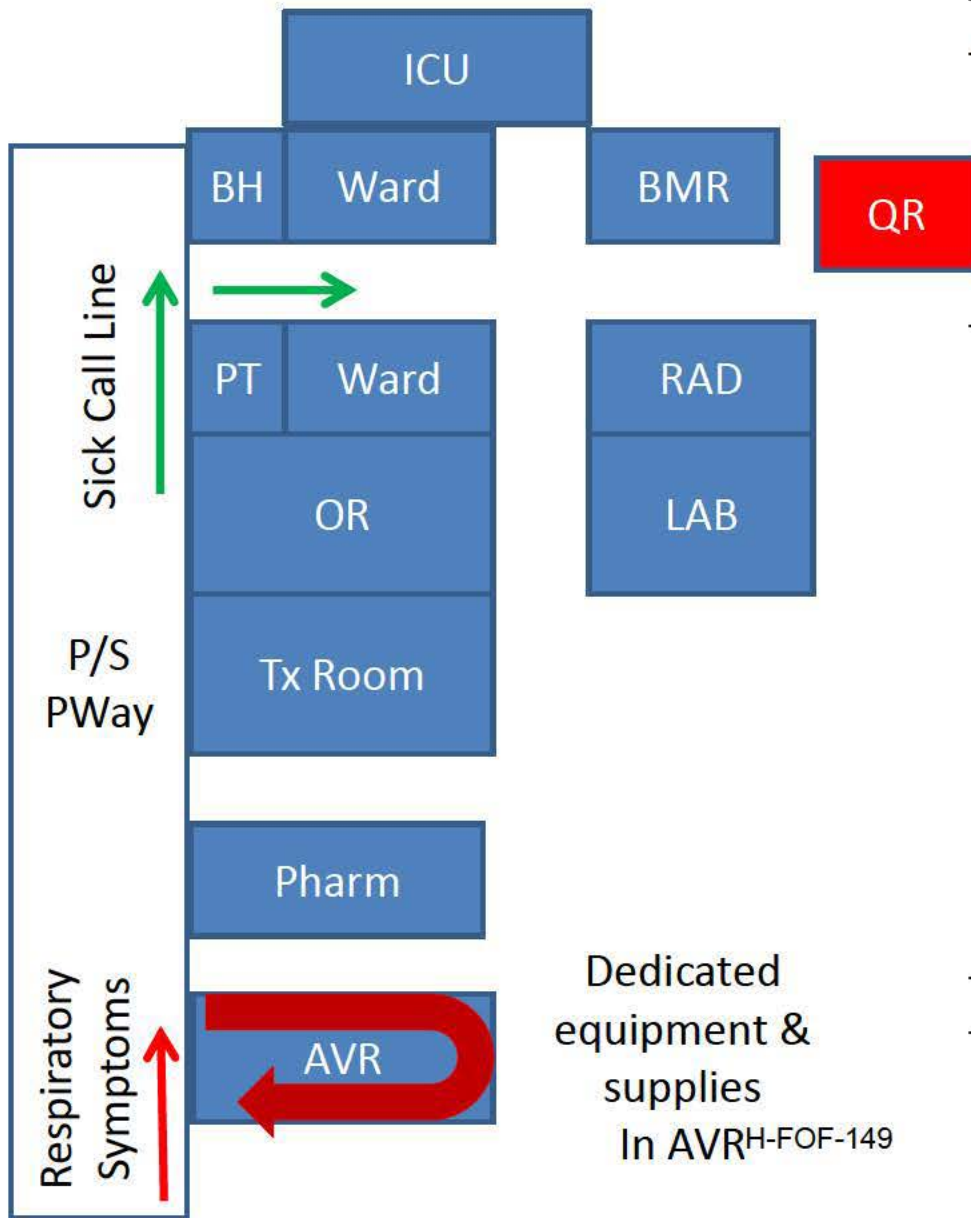


- All Personnel Screened
- Time Frame: 7 days by department, next 7 days via self-reporting
- Departments email names of **positive** screenings to CAPT (b) (6) NLT 1600.

Department Level Screening

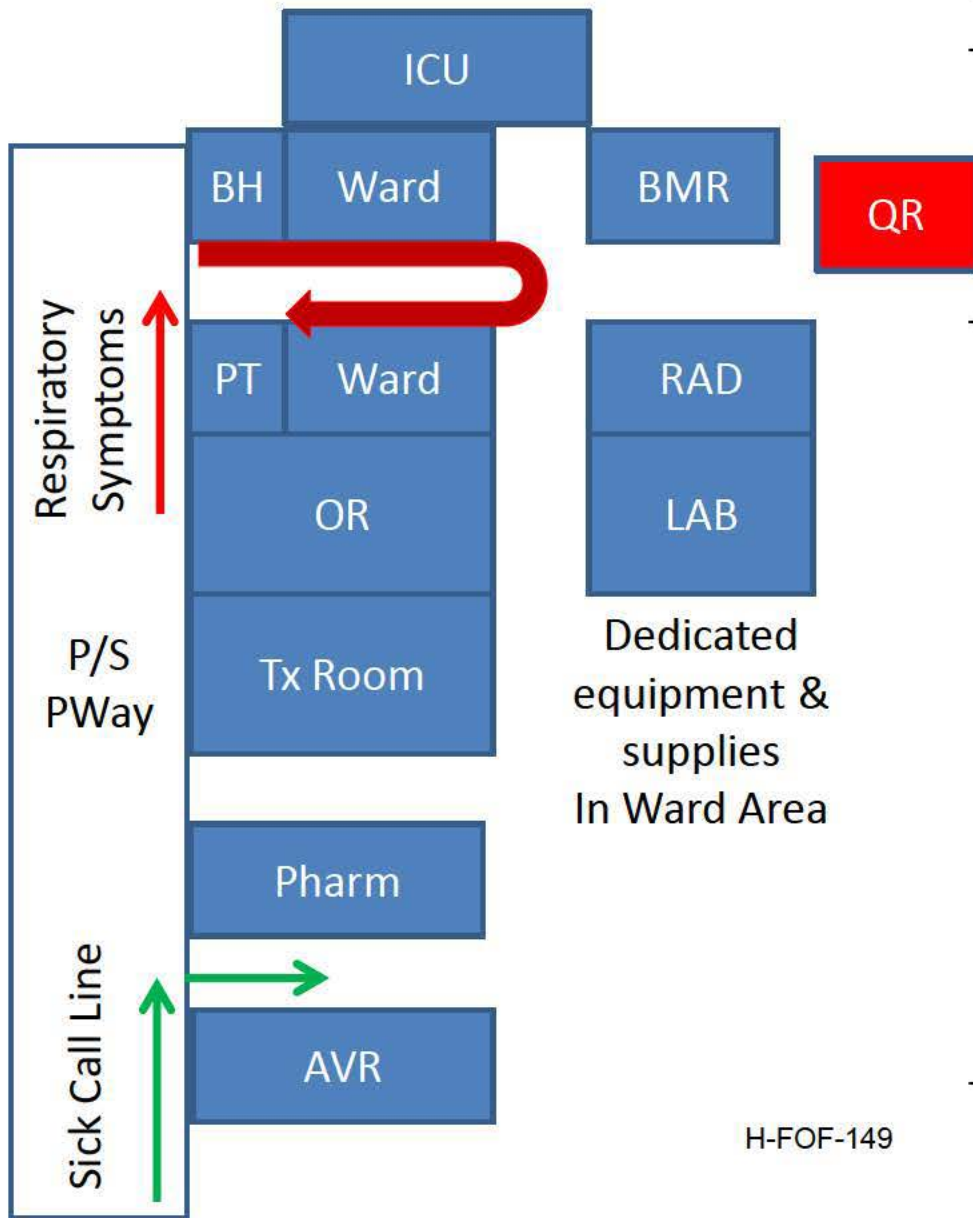
- Ask member about COVID-19 specific symptoms
- Positive Screens for flu-like illness sent to medical for evaluation immediately (do not wait for sick call)
- Patient dons surgical mask in medical
- Fill out Respiratory Questionnaire (if initial visit)
- Vital Signs taken, if abnormal, Duty IDC and/or Doc will evaluate
- Patients will wait until evaluated by provider for additional testing.
 - Option #1: Quiet Room (1-6 people).
 - Option #2: Ward with Curtain closed(~10-15 people)
- Daily re-evaluation will be completed.

COA #1



- Regular Sick Call enter via **PT/Psych Door**
- Flu-like Symptoms enter via AVR
- Don Mask (in line)
- Screened with Vital Signs
- Symptoms, but Temp < 100
 - Treat symptomatically with OTC Meds
 - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
 - Eval by Duty Doc/IDC to treat
 - Wait in AVR
 - If further testing required, moved to Quiet Room
 - Investigate for other etiologies
 - Test with Biofire
 - If positive → viral etiology
 - If negative → Covid -19 “research” sequence.
 - Quarantine/isolate
 - Re-eval by medical daily
- OTC Medications available to RN/HMs
- Daily Field Day in AVR post evaluation of patients (Quiet Room if applicable).

COA #2



- Regular Sick Call enter via AVR
- Flu-like Symptoms enter via PT/Psych
- Don Mask (in line)
- Screened with Vital Signs
- Symptoms, but Temp < 100
 - Treat symptomatically with OTC Meds
 - Come back for Re-eval by medical daily 0700-0900
- Temp > 100
 - Eval by Duty Doc/IDC to treat
 - Wait in PT Area
 - If further testing required, moved to Quiet Room
 - Investigate for other etiologies
 - Test with Biofire
 - If positive → viral etiology
 - If negative → Covid -19 "research" sequence.
 - Quarantine/isolate
 - Re-eval by medical daily
 - OTC Medications available to RN/HMs
- Daily Field Day in Ward post evaluation of patients (Quiet Room if applicable).

External Support

- The NAVMED R&D Team (1 lab) will support CTF-71.
- request arrival around 10 March (estimated).
- Players: LCDR (b) (6), PhD, MPH, HM1 (b) (6) (male), and HM2 (b) (6) (female).
- Equipment:
 - NGDS Biofire instrument and enough Biofire Respiratory-2 Panels to run diagnostics for the usual respiratory pathogens on **up to 250 sailors. 1 hour run time, 10 at a time.**
 - does not include **COVID-19**
 - 2 RT-PCR instruments on which we will be able to run COVID-19 “research only” assays for surveillance purposes
 - run approximately **800-1000 COVID-19 assays. 2 hour run time**
- Training: teach MLTs to run the Biofire on ILI cases for diagnostic purposes. If the BioFire results are all negative, we then turn to the COVID-19 assay for surveillance purposes.

Quarantine Options

DV Row

- 6 rooms (2 person racks), cots for additional patients

Berthing

- Chief Overflow Berthing (aft mess deck)
- Admin Male berthing
- Medical Quiet Room (4 racks-isolated head)

Additional berthing

Brig

- Up to 20 (not ideal)

Logistics

- Heads
 - Secure heads for restricted use for isolated/ quarantined patients. If movement outside necessary, ensure wearing mask
 - Signage to secure the head for isolated/quarantined individuals only
 - Head cleaning with HTH, diluted chlorine bleach, cavicide with appropriate PPE
- Food delivery:
 - Delivered to them, wearing PPE.
- Laundry delivery
 - All laundry in tied plastic bag and transported.
 - Standard procedures for washing, minimal risk of transmission
- Trash
 - Soiled material and PPE tied in a sturdy leak proof bag and should be incinerated.
- Medical Checks
 - Daily medical checks. Must don appropriate PPE prior to entry and doff off BEFORE exiting.
 - Disposable or dedicated patient care equipment. Cavicide available.
 - Airborne precautions = N95 mask (fit testing)
 - Droplet= surgical mask

ILI thresholds

- Carriers 0.11%
- LHA, LHD, LSD, LCC: 0.41%
- DDG, CG, FG: 2.0%
- SSN, SSBN: 1.32%
- All others: 1.5%

MED DEPT- SHARED DUTIES

- Strict respiratory hygiene/cough etiquette
- Hand washing before and after patient
- Clean patient care bed and chair after every use
- In waiting area,
 - Surgical mask for URI symptoms
 - No touch receptacle for tissue disposal
 - Monitor replacement of hand sanitizer (walls units and mayo trays)

Duty Schedule

Name	Guam 7-10 Feb	'Nam 5-8 Mar	Guam 7-10 April	Thailan d 25-28 Apr	Singapor e 28 May- 01 Jun	Guam 11-14 Jun	Total duty days	Por ts off
LCDR (b) (6)	Duty (Day 1)	Duty (day 4)					2	0
LT (b) (6)	OFF	Duty (Day 3)					1	1
LCDR (b) (6)	Duty(Day 3)	Off					1	1
LT (b)	Off	Duty(Day 1)					1	1
LT (b)	Duty (Day 2)	Off					1	1
LT (b) (6)	Off	Duty (Day 2)					1	1
LT (b)								

Theodore Roosevelt Strike Group arrives in Vietnam

From USS Theodore Roosevelt Public Affairs

Posted March 4, 2020

DA NANG, Vietnam - USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrived in Da Nang, March 5, for a scheduled port visit commemorating 25 years of U.S.-Vietnam diplomatic relations.

Mr. Hồ Kỳ Minh, Vice Chairman of the Da Nang People's Committee hosted the ceremony to welcome the U.S. Navy carrier group, which included representatives of Navy Zone 3, Military Region 5, Da Nang Border Guard, Department of Foreign Relations/Ministry of National Defense, Department of Military Medicine and General Department of Logistics, the Ministry of Foreign Affairs, Da Nang People's Committee, and other Vietnamese government agencies. The United States delegation was led by Adm. John C. Aquilino, commander, U.S. Pacific Fleet, U.S. Ambassador to Vietnam Daniel Kritenbrink, Rear Adm. Stu Baker, commander, Carrier Strike Group (CSG) 9, U.S. Consul General in Ho Chi Minh City Marie Damour, and other officials from CSG 9 and the U.S. Mission in Vietnam.



USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52) arrive in Da Nang, March 5. (U.S. Navy/MCSN Dylan Lavin)

"This visit follows on the historic 2018 visit of USS Carl Vinson (CVN 70), the first U.S. aircraft carrier to visit Vietnam in more than 40 years," said U.S. Ambassador to Vietnam Daniel Kritenbrink. "It also comes at an important time in our bilateral relationship. Just 25 years after the normalization of our diplomatic ties, our relationship is the strongest it has ever been."

"This visit demonstrates the strength of our bilateral relations and highlights our continued cooperation with partner countries and our strong support for the region, including institutions such as the Association of Southeast Asian Nations (ASEAN), of which Vietnam is this year's chair," said Baker. "It also serves as evidence of the U.S. commitment to a free and open Indo-Pacific where strong, independent nations respect one another's sovereignty, and uphold the rule of law."

Sailors will participate in cultural and professional exchanges, community service projects, sports competitions, and receptions during the port visit.

“This visit will not only serve to strengthen our bilateral defense relationship, but also help further advance our cultural and professional ties,” said Capt. Brett Crozier, Theodore Roosevelt's commanding officer. “We are honored to take part in this important port visit and to receive such a warm welcome.”

Theodore Roosevelt is America's fourth Nimitz-class aircraft carrier with a crew of 5,000 Sailors who support and conduct air operations at sea. The strike group is comprised of a total of 6,500 Sailors, an aircraft carrier, an air wing, a cruiser, and six destroyers.

U.S. 7th Fleet conducts forward-deployed naval operations in support of U.S. national interests in the Indo-Pacific area of operations. As the U.S. Navy's largest numbered fleet, 7th Fleet interacts with 35 other maritime nations to build partnerships that foster maritime security, promote stability, and prevent conflict.



USS Theodore Roosevelt (CVN 71) sits off the coast of Da Nang, March 5. (U.S. Navy/MC3 Nicholas V. Huynh)



File photo of USS Theodore Roosevelt (CVN 71) and USS Bunker Hill (CG 52). (U.S. Navy/MC2 Anthony J. Rivera)



In this file photo, USS Theodore Roosevelt (CVN 71) transits the Pacific in February. (U.S. Navy/MC2 Anthony J. Rivera)

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)
Navigator**

On 11 MAY 20, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via VTC.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6) Position: TR NAVIGATOR

Command: USS THEODORE ROOSEVELT Department/Division: NAVIGATION

Email Address: (b) (6) @cvn71.navy.mil Phone(s): (b) (6)

I was the "number 4" COVID-19 confirmed positive sailor aboard TR. I had a very quick onset of symptoms before it was evident I was sick. I conducted the night orders with the CO before hitting the rack and then at about 0200, I woke up in a sweat with several COVID ILI symptoms we were briefed on. I immediately went to medical and self-reported. I was administered a test and found to be positive for COVID-19 on 25 March. The next day, I was on a MEDEVAC off the ship for treatment and isolation. I had a total of 7 swabs before I was cleared for release from isolation. After one false negative test I had to spend more time in isolation, due to a change in return to work (RTW), and was just recently released. While in isolation I was the OIC of my detail. We started in a hotel but were consolidated into a school gym to allow 24/7 monitoring by medical representatives. At first, not all of the "wants" were available, but certainly all the "needs" were. There were complaints about the conditions, but we were never so bad off that the situation was unmanageable. In isolation/quarantine, we developed a daily battle rhythm of exercise and cleaning to ensure everyone was focused on the mission. We were constantly ensuring we were spread out to prevent possible infection.

Prior to the Da Nang port call, concerns for COVID-19 were minimal. We heard it was spreading in Asia, but there were only a handful of cases in Vietnam at the time. We were educated about the symptoms and told to avoid sick people. The main concern however, was the sea state. The last time a Carrier visited Vietnam was during a monsoon and the crew was worried it would be a similar experience. While there was not a monsoon during TR's visit, the water nevertheless made it extremely difficult for liberty boats to transport the crew to and from ashore. The pilot wore a mask and gloves when he came about the ship.

Nearing the end of liberty in Vietnam, I was briefed about 23 U.S. sailors who were identified as potential close contacts with COVID-19 positive British tourists. The sailors were identified and isolated at a hotel, moved to the pier, and screened inside a tent. They remained isolated as they came back aboard TR and were escorted into special berthing set up for this exact purpose. I believe it was on DV row. Plastic sheeting and other measures were in place to minimize the chance of infection.

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Everyone was well aware of the NAVADMINs and guidance associated with COVID-19. There was a lot of it. The XO was pushing education of the crew hard and the information was easily accessible. HODs routinely passed information to their departments. The IMC announcements got the word out. Mitigations were in place and roving patrols were implemented to ensure guidelines were being followed. Before I was evacuated from the ship, I did not hear anything about changing our transit plan. There were no discussions of shifting course to Hawaii or San Diego, at least not before I left the ship on 26 March.

The HODs and senior leadership (CO/XO/CMC) had a great working relationship. Everyone worked well together and it was a cohesive team. The CO had the opinion that the HODs should behave like mini Cos of their departments and I respected that. The CO was very big on communication and he ensured we all had what we needed.

Anxiety on the ship really started gaining momentum when the first positive cases were reported aboard TR. After I tested positive, I was immediately isolated and additional cleaning measures were implemented on the bridge. Everyone I interacted with after my positive diagnosis wore masks. SOPs were immediately drafted on how to deal with the virus. The SOPs are being continually updated as new facts and mitigations are discovered.

I'm looking forward to getting back on deployment and finishing the mission. We're concerned about how we will be received back in San Diego and whether we will be allowed to return home if COVID-19 remains an issue. It was – and remains – stressful to think about how our families were handling the spread of the virus at home without us.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness Signature) _____ (Date) 6/16/20 Time 2:05

Witness Statement of USS BUNKER HILL (CG-52) Commander:

On 13 MAY 20 I was interviewed in connection with a command investigation concerning chain of command actions regarding a Covid-19 outbreak onboard USS THEODORE ROOSEVELT (CVN 71). The interview was conducted via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CAPT (b) (6)
HILL.

Position: Former CO USS BUNKER

Command: _____

Department/Division: _____

Email Address: (b) (6) @mc.com

Phone(s): (b) (6)

Prior to the port visit in Vietnam, CCSG-9 was aware of Covid-19 and discussing its potential impact on operations. There was some talk about cancelling the port visit at the SG level, but at the time, the US had not been locked down and COVID cases in Vietnam were minimal – and all of the known cases were in Hanoi, not in Da Nang. Ultimately, the decision was made to enter Vietnam due to a low risk calculation. I talked with my crew about risk mitigation strategies, to include reminders about washing hands, symptom recognitions and overall staying cautious regarding the virus.

While in port, we authorized tours aboard USS BUNKER HILL due the fact that TR was unable to support boat operations due to a heavy swell in the harbor. I estimate about 1,000 people toured the ship. We implemented basic self-report screening procedures designed to turn away those who felt sick. We did not use temperature checks during the tours.

Due to the sea state, the Big Top event was held at the Golden Dragon hotel in Da Nang. The hotel instituted self-screening measures and selective temperature checks outside. On the last day of liberty, I received word that TR and BKH sailors were identified as close contacts with confirmed Covid-19 positive tourists who were known to be staying at the same hotel (the Vanda). I worked with CAPTs (b) (6) and Crozier developing COAs to round everyone up for departure. The three of us, along with the country team, worked to find those Sailors and then have them tested as soon as possible, in conjunction with the VTN government, so they would not be stuck in Vietnam. We did not believe these people to have been in contact with COVID, but because they were all the same hotel, an abundance of caution was utilized to ensure they were negative and also quarantined in the unlikely event they were in contact with the two known cases staying at the hotel. The TR had a standing quarantine plan and we determined the best COA was to bring all identified sailors aboard TR for quarantine. Eight of the sailors belonged to BKH.

On 23 March, after a 14-day quarantine, the eight BKH sailors tested negative (as well as all of TR Sailors) for Covid-19 and returned to BKH. Two days later, TR had two or three sailors test positive for Covid-19. Onboard cleaning of BKH consisted of twice daily cleaning with Clorox and/or bleach. After TR received its positives, we increased cleaning measures. The SURFPAC N41 initially pushed back on buying bleach with a credit card because it is a hazmat item – but we had the opportunity to get via open purchase in the vicinity of Guam to deliver to us since our supply chain was slower due to underway operations. Given the exigency, I authorized it anyway and wrote a MFR. CNSP agreed with that COA.

During the month of March, we ran Covid-19 drills, discussed various isolation measures, and the crew learned how to use PPE. In late March, we mustered 376 personnel aboard BKH. In

my opinion, a Cruiser can likely isolate positive individuals effectively on a small scale, but may not be able to adequately quarantine close contacts. In a worst case scenario, we could achieve CDC compliance repurposing the wardroom berthing. But, in doing that, you risk officer spreading. Thankfully, BKH did not have any positives onboard.

After leaving Vietnam, BKH moved west with TR and eventually met up w/ USS AMERICA (LHA-6). A couple days after we received our quarantined sailors back from the TR, CAPT Crozier called me early one morning on VOSIP and said they had two sailors who tested positive for Covid-19 (this was a frequent occurrence that we spoke on VOSIP regarding operations and HRU and other events to ensure we were aligned). Recognizing this information would likely become public, CAPT Crozier and I wrote letters to families informing them that we had positive cases aboard TR. In the letters, we assured them appropriate measures were in place to safeguard the well-being of their family members and friend. The target audience for the letters was the families to ensure a proactive approach. There was no security concerns or OPSEC concerns from my vantage point, knowing that at some point in the next 24 hours the news media would be aware of TR cases.

At daily CUB meetings, the SMO passed information on the virus, including its spread rate, the TR and CSG testing capabilities, and recommended COAs moving forward. We discussed the Covid-19 outbreak aboard the Diamond Princess and ways to avoid a similar scenario. It was apparent to me that in order to stop the spread quickly (as was the general consensus of the Warfare Commanders and SMO) any plan moving forward needed to include self-isolation with CDC compliant quarters. A ship is not conducive to stopping the spread.

After TR docked in Guam, there were several discussions on how to move forward. From my vantage point, I know I was not involved in all of the leadership discussions, there was a desire to move through this quickly (ie: get TR back to sea as soon as possible), but the early days of the outbreak pushed the numbers of positives to a level that clearly indicated that the close contacts and "quarantined" Sailors were not going to stay clean for very long. There seemed to be some indecision over a several day period because my assessment is that nobody really understood just how hard the quarantine plan was going to be. I believe that the unknown of the situation may have caused some delay in action, but I'm not really sure there could have been more movement more quickly in getting nearly 4,000 Sailors into a true quarantine. The goal initially was to sick people off first. NBBG was exceptionally supportive in this endeavor. There also appeared to be a lot of pressure from the fleet level to get through this as quickly as possible and get TR back to sea. There appeared to be a relatively high level of RFI's... but that is not abnormal. I think there appeared to be more concern about the reactor side of the house (rightfully so in many respects) with acknowledgement that it is of incredible importance. The drive from the Fleet level always appeared to how quickly the ship and CSG could move through the process. I'm not sure they (C7F) fully understood the true difficulty in stopping the spread in what was initially a very resource constrained environment at NBBG and in Guam in general when it came to isolated berthing capacity.

Through this process, the Warfare Commanders did work on a COA paper that ultimately outlined some more granular options with PROS and CONS, which was shared w/ the CSG 9 Staff. I had minor inputs to the product, but generally agreed that a CDC quarantine which stipulated that separate berthing and living quarters was the right call to stop the spread the get the ship back to a healthy status as soon as possible.

On about 30 March, this paper was forward up from what I can tell. This was mainly driven by CAG. The product CAG (with our inputs) presented to CCSG-9 focused on best and worst case scenarios. The Warfare Commanders collectively pushed for plans involving isolation and quarantine. According to SMO, the best way to do that was with hotel rooms. We knew hotel rooms would be difficult, but it was the most efficient way to isolate. I am not familiar with all the options presented to the Warfare Commanders onboard TR - nor was I privy to all conversations outside of CUB/MUB interactions. I was not on TR at the time and they may have had separate conversations about whether to pursue specific COAs. There seemed to be a some collective frustration with the three and four star staffs, but that is from my vantage point - a very distant third party. The hotel COA would likely have required at least that level of attention - and I do know it was being worked, but I'm not sure at what level and at what time that decision was ultimately made.

CAPT Crozier never talked to me about the letter or email he wrote. I don't know why he wrote the email and letter specifically. I was not aware of the letter until it was published on San Francisco Chronicle. I learned of the email later. Once I read them, I noticed C7F was not an

addressee on either the letter or the email.

When asked about why I thought CAPT Crozier wrote the email I can only say that I assume he didn't feel things were moving quickly enough – even though there was quite a bit being done on many levels to get people into quarantine. I do know some of the conditions on NBG were not ideal and that ultimately, he likely wrote the letter because he felt things were moving too slowly and he likely felt he needed to act with more expediency to stabilize the spread rate. Ultimately, the letter may have been effective because it was sent to CPF actual. Maybe CAPT Crozier felt he needed to get a four star involved to help jumpstart the availability of hotel rooms for his crew. Most of the information in the letter was known and expressed up the chain of command – and to the Fleet level from what I was aware of. I know this remains a polarizing issue and I don't know if there is a right answer – particularly since I don't know what was discussed amongst others in the chain of command up to and including the Fleet level.

I am unaware of any letters written by the medical community aboard TR.

I never had a one-on-one with CCSG-9 regarding CAPT Crozier's letter. In my estimation, there is an appropriate time, place, and method to address your concerns and I think the dialogue was frank and honest in all of my interaction w/ the CSG 9 staff and my fellow Warfare Commanders.

Specific to the dynamic w/ CCSG-9 and me personally, it was always forthright and honest. I never felt like I needed to hold back on any account and I think RDML Baker always took into account all sides and accurately pushed information forward that was required and/or desired. Additionally, the Warfare Commanders collectively worked exceptionally well together. Collaboration and a shared mental model of what needed to happen to get the job done (on all accounts of CSG business – to include the COVID response) was almost always aligned without any friction. I'd say our collaboration and cooperation, and problem solving was well above average. Our relationships were collectively strong across the board and were for my entire tenure.

Now that I am stateside, I have had some time to reflect on the situation. I believe that everyone was doing the best they could to address a sizeable and challenging problem. There are still no easy answers here and the situation, while stabilizing, has taken longer than expected. The sheer number of people ultimately infected is not as bad as it could have been had the isolation in hotels not occurred. Had that occurred more quickly, we might be in a better spot with case numbers overall, but that decision has both political and physical limitations which are well acknowledged at the onset of the issue.

I swear (or affirm) that the statement above is true and accurate to the best of my knowledge.

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14 2100
Time

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CAPT

CAPT WSW

TR Command Investigation - Request for Response (1st LT)

Admiral, please note the responses to the questions are in blue sir.

Please tell me about morale of your department leading up to the PVT in Da Nang. Were there any discussions about COVID-19 or other medical concerns?

Morale was high sir, Deck Department was excited about the port call. There were discussions at every level regarding what we knew at the time about the virus. We had been briefed that there were no active cases in Da Nang and that there would be medical check points at fleet landing conducting the standard screening questions associated with ILI symptoms and taking temperatures sir.

Was a department crew brief conducted prior to the Da Nang PVT? How was it conducted? Did you use SITE-TV for any crew-wide announcement?

We had multiple briefs prior to anchoring Admiral, at the departmental level, I held three briefs (overnight liberty policy had not been approved yet resulting in multiple briefs) with all hands on the foc'sle to discuss specifics regarding: departmental management at anchor, liberty conduct expectations, requirements for overnight liberty, curfew, COVID concerns, fleet landing and ECP expectations. Additionally sir, my department watched all of the liberty briefs and vignettes produced by the Media Department that were being looped on SITE-TV.

Did your Sailors raise any questions or concerns with you concerning the PVT prior to the PVT in Da Nang? What about during the PVT?

Yes Admiral, but not for COVID reasons sir – most of my rated BMs had seen pictures of, or were aware of the tremendous damage STENNIS took to her sterndock while tending a barge for liberty boats. They were aware we were going to be in the same unprotected anchorage and the same time of year and subject to the same sea-action that forced JCS to sortie sir.

What was your understanding as to why the THR remained in Da Nang an extra day?

Admiral, I reported to THR on 9 FEB 2020, to the best of my knowledge, I was always tracking a FIVE day PVT as part of my turnover sir.

What concerns, if any, did your Sailors raise to you after the Da Nang PVT?

My department had an atypical PVT experience sir, I had to collapse my duty sections into a port and starboard team to safely conduct sternbarge operations due to the before mentioned sea state. As a general rule, I was able to get my Sailors ashore for EIGHT or so hours, but collectively Deck did not experience the same degree of liberty and most of their concerns were with the safety of departmental personnel while tending the barge, the material condition of our sterndock and the SIX mooring lines we expended to keep the barge safely astern of TR sir.

Admiral, once word of the first two COVID cases got around the ship two weeks later, my Sailors did express concern with the virus since they were physically “man-handling” the liberty party to ensure

that the Sailors were safely embarking and debarking the liberty boats onto the pitching barge in 4-6 foot seas.

Describe the morale of the crew after leaving Da Nang? Did the morale change as you got closer to Guam and more individuals were testing positive for COVID-19? If so, what changed?

Admiral, morale was extremely high leaving Vietnam for Deck. The entire ship, airwing, and embarked staffs had witnessed the herculean efforts of my department, witnessed the sacrifice of liberty, and the long hours in dangerous conditions and they were treated as “rock stars” – Deck Department routinely works in these types of conditions, but rarely are their efforts in the forefront and certainly not celebrated in that kind of manner.

I did not notice any morale concerns with the crew at large, especially after the PVT, it seems we settled into our normal routine at sea, we had just started preps for an impending INSURV MI that was scheduled for the Fall/Early Winter and that had a majority of the crew’s attention. On the horizon sir, I think everyone was looking forward to Thailand and not having to deal with liberty boats pier-side.

Once the first cases “popped” sir and started to spread like wildfire, the concern for infection followed suite. I think the ship did everything possible to mitigate the spread while underway and I think the Sailors did a good job of understanding the limitations of immediate precautions that being out to sea with 5000 people presents and diligently executed actions when directed sir.

There was never any panic sir, there was anxiety and concern for the unknown, but the messaging was firm and consistent sir – we witnessed a master class in crisis management from the triad.

What information/guidance were you provided in terms of berthing and work stations during the transit for your department? Were you able to meet those requirements? Did you run into any difficulties?

Admiral, we were given a handful of messages with instructions from “BIG NAVY” (at the fleet and force level), we adopted any practices that we were able to execute during the transit sir. We ramped up our bleach cleaning efforts, exercised social distancing when able and practical, we were aware that COVID + Sailors were moved to a isolation berthing and we minimized socializing in all of our work spaces and berthings to the best of our abilities. Additionally, gyms, dental, and grooming services were secured.

Most of the upper level direction however was not feasible on a CVN while she is U/W sir, we knew our only chance to halt the spread was to get to a port, get COVID (+) Sailors off the ship expeditiously and get the remaining majority of the crew into isolation to ensure that they are COVID (-).

Did you have a discussion with your department about what the guidelines were for the quarantine/ROM/isolation prior to arriving in Guam. What was that discussion? Did the plan change?

Admiral, we knew as HODs going in that we had to get the positive Sailors off of the ship and spread the crew out enough to effectively isolate Sailors. Captain Crozier made that clear, that is why we were heading to Guam and while all of the logistics had not been worked out, we, as HODs had to brief our departments on what the preferred COA was; 14 days of isolation and a clean exit test (which satisfied all of the directions contained in the force and fleet level messages) and to be organized so when billeting could be arranged, we would be ready to move out.

I attended quarters daily to discuss the plan stated above and the progress we were making towards it. Additionally, my khakis and I wanted to field questions, alleviate concerns, and most importantly, as Captain Crozier directed, “bring ORDER to CHAOS”!

Once pierside sir, I was genuinely shocked at the lack of any cohesive plan or even a sense of urgency being pushed to secure accommodations for isolation. Instead sir, the HODs were tasked with doing staff-work for two extremely improbable plans (a bare bones minimally manned crew to get TR to SD and an exodus plan designed to airlift a majority of the crew to Okinawa for barracks rooms).

Additionally sir, once the two COAs above fell through, we started executing plans that made no sense, like moving a chunk of the crew off the ship to live on cots in a gymnasium knowing that did not meet the CDC guidelines for isolation contained in the fleet/force direction. At this time sir, Sailors were exponentially testing positive and the close quarter conditions were jeopardizing the entire crew.

It wasn't until Captain Crozier's now famous letter got leaked to the media did we see any real movement towards proper isolation accommodations.

When you were pierside in Guam, how was the morale of your department? Did any of your Sailors raise any concerns with you? If so, did you have discussions with your chain of command about your crews' concerns?

The morale never wavered, everyone was anxious with the unknown, but the crew believed in the CO and the CoC sir. The Captain did a masterful job of compartmentalizing his frustration, staying on the proper message of getting the crew healthy, the ship clean, and returning the TR to the fight. He directed us to drive this point home at every opportunity sir... He tied this in by highlighting that this was this generation's “9/11” WRT to the uncertainty and lack of a “playbook”.

The crew raised the same concerns that I had, “what is the plan to isolate us” sir. The solutions seemed all around us: the local news was reporting that hotels were empty, every morning I would look at NBG and know that they had barracks and that they could relocate those occupants to support a deployed capital ship, I knew there were barracks at Andersen AFB. I didn't make sense sir. I discussed their concerns and my frustration with our XO, who was equally frustrated with a lack of movement.

The Triad did an incredible job managing the uncertainty, they were receptive to concerns, did their best to answer questions that were out of their swing circle and most importantly demonstrated genuine concern for the wellbeing of the crew while remaining steadfast in the situation's uncertainty.

Is there anything else you'd like to tell me?

Yes Admiral, there is sir. I have been in the Navy for 28 years, I have served on 11 ships (whether as ship's company or embarked) I have worked for 20 Commanding Officers in that time frame. That list includes a former CNO, two Admirals, a VADM, and a slew of RADM/RDMLs – Captain Crozier is easily in the top three sir.

He possesses the complete skillset; exceptional judgement, mature decision making, technically sound, collaborative –leverages people strengths and more importantly provides guidance and feedback for development, has genuine concern for his crew and ship, excels at getting “buy in” (which is not hindered by his authentic charisma) and inspires all those who serve around him.

Admiral, when I made BM3 in the early 90s sir, I went through PO INDOC, one of the lessons that we were taught and frankly one that I remember clearly to this day is the lesson on "morale courage". We were taught to stand up for the right thing, regardless of its popularity and that we, as Petty Officer's had an obligation to always do the right thing, not the popular thing – the right thing. I have always preached that to everyone I have had any influence over sir.

Captain Crozier did the right thing sir, he did it with little desired fanfare or self-promotion, he confided in me after the fact that he had no idea how the letter was leaked and it was NEVER his intent to cause any sort of distraction, especially one that would tarnish his crew's reputation.

I do not have direct knowledge of chain of events at the flag level that compelled the letter to be drafted, nor do I have direct knowledge of the social-political situation outside the base – I do know sir, that Captain Crozier stood by his convictions, was alarmed by the lack of urgency in developing and executing a plan, saw the daily compounding positive cases mounting, cared about getting his ship clean, and most importantly, the crew healthy and back into the SCS. Finally sir, I believe with every fiber of my being that it is NOT a coincidence that we saw an executable plan using hotels out in town after and only after the CO's letter was leaked.

It is my fondest desire sir that Captain Crozier is reinstated as TR's CO – I think his actions were not only justified Admiral, but completely in line with the "Charge of Command". While the letter might have caused initial embarrassment to the service, it should be celebrated that a Captain embodied the spirit of that charge, demonstrated the morale courage we expect from the CO of a ship -- despite the potential impact it could have to his career and acted decisively. Admiral, we preach forceful backup sir, in my humble opinion--but limited view, Captain Crozier saw that we were in extremis and acted.

Is there anyone else you think I should talk to?

Admiral, I think that you will receive similar feedback from any member of the crew. Any of the HODs would be an excellent resource sir.

We may have some follow up questions after we receive your response. If you are able, can you please provide me with a good phone number for you.

Admiral, I am at your service sir, I have completed my isolation and can best reached by cell phone sir:

(b) (6) , or our departmental POTS line is (b) (6)

If there is any additional information you would like to add or documents you feel are relevant to this investigation, please provide them with your response. Your voluntary response is requested no later than 2200 EDT on 12 May 2020. Please direct any questions to me at the below contact information or replying all to this email.

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)
Safety Officer**

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6) USN Position: Safety Officer

Command: USS THEODORE ROOSEVELT Department/Division: SAFETY

Email Address: (b) (6) @cvn71.navy.mil Phone(s): (b) (6)

We pulled into Da Nang on the 5th – 9th of March for a port visit. The biggest thing I remember about was that we were doing bleach-a-palooza once a day along with the XO's happy hour prior to arriving to Da Nang. At the time, there was no COVID-19 cases in Vietnam, but we were all slightly concerned. Lessons learned from 7th Fleet (VINSON) was during your arrival into the Da Nang port was trying to understand which boat was going to be our security boat, which one is not going to be our security boat and locating the anchorage. These items were included in our NAV Brief to inform the leadership. This resulted in a smooth arrival into Da Nang Harbor. Once we got to Vietnam, I spent the entire first day on the fantail to help with the liberty boats. It's hard to explain until you actually experience it. Their liberty boats were a fiasco, and there were language barriers with the pilot. Deck department had a Sailor on the breasting barge to translate and communicate with the liberty boats. Prior to Vietnam Safety department was working our INSURV preps, IHO was doing the Industrial Hygiene survey and trying to do ventilation inspections, and heat stress monitors for several storerooms that are currently being used as work centers. COVID-19 wasn't really on our minds at the time; we were trying to take care of our Sailors onboard. It was busy for us. There was very limited connectivity, only certain websites were accessible due to 10th Fleet restrictions. Most of our news came through CHINFO News and communications with home.

The day before we were supposed to pull out of Da Nang, I got an email from my LPO that said that we were being recalled to our ship. I had an idea that what was gonna happen. By the time I made it back to the ship, they cancelled the recall, but if you come back to our ship then you can't leave.

Then later, we heard through the grapevine that there were about the three tourists that tested positive and they were staying at the same hotel as some of our sailors. Our ship was working with the Vietnamese government to get them into isolation onboard. Those Sailors were placed into an isolation berthing. I had no idea who they were. Once they were on the ship, we dropped off care packages for them. And once their quarantine concluded and they

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got out of isolation, then that is when we first had our case onboard.

The same day as our positive cases, we put together a COVID-19 Awareness Council (CAC) with the dental doc, the judge, some air wing reps and myself. We put messaging out, taking CDC guidelines and a bunch of NAVADMINs, and we put it into something that could be usable across the ship. We emphasized a need to start social distancing, and got posters printed out and put up in the lines for chow and around the ship. The SMO was putting out guidance to wash hands again. Folks started pulling gators or flash gear over their face. We were trying to get the messaging out -- posters, flyers, and emails -- as reminders that we need to start fighting this.

We were out of the COVID-19 management; that was medical. We were doing some of the medical. The morale was still good and people weren't scared; they were concerned. The media was saying that the flu kills more people than this. Some people took it more to heart than others. No one was scared or paranoid.

The CAC put out the three CNO NAVADMINs that came out, there was a 7th Fleet checklist that we were trying to consolidate into something, and the SMO put out the NTRP to all the HODs too. It all came out within 48 hours of our first positive; around 23rd/24th a bunch of info came out. Medical was busy; the SMO told me to just deal with it because they were busy dealing with positive cases.

The next day around the 25th or 26th, we were heading to Guam, which the original schedule had us going 3-10 April. HODs were told by the Captain to prepare to pull into Guam within 72-hours and start offloading Sailors. The 1st LT said why not talk to the MPSRON ships in Guam, they had tent cities available (Expeditionary Medical Facility) -- but every day was a different plan and the COAs were constantly changing. It was someone above the CO who was making these calls. Okinawa COA was one we planned to where the Air Force would fly 500 Sailors up to Okinawa a day to stay at the BEQ there in Japan. I don't think our Captain had the ability to coordinate with the Air Force for that kind of support. The Captain voiced his concern on the ability to get Sailors back quickly if required to get underway, he preferred we remain on the island. The next day he informed us that it was turned off because the Japanese Gov't did not want possible contamination in their country.

The CO put out that when we get to Guam, we need to manage expectations. It will take some time to get things done. We all knew that we needed to get people off the ship. Every day, however, it was changing. It was the second or third day we were here in Guam when we heard from the Governor in Guam that he was not going to let us off the ship due to concern of contamination to the public. We thought that's not helping us much. We need to get off.

Once we got pierside, no one was allowed off the ship, except for the positive COVID-19, close contacts. Along with 169 ENG/RX Sailors were moved to Guam Naval Base gym (Charles King Fitness Center). Later that afternoon, probably 5 or 6pm, some of the officers, MWR kids & myself set up the tents on the pier that had been placed there for us to utilize. I

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Safety Officer

don't think we were allowed on the pier until the second day. The original "840 plan," was to get essential personnel off the ship to a gym on base on cots. That backfired when they were popping like popcorn in the gym due to not having the ability to test prior to departing the ship and the lack of being isolated from others.

I was shocked to see the CO's letter as much as everyone else was. The CO sent a letter to PACFLEET and the San Francisco chronicle published it. I agreed with the first paragraph, about our ability to get back out to sea. On the 25th, we were instructed to come up with redlines for manning for either at sea or inport. We also stood up the ECC. This was the day after our first case. In my opinion, if the crew was told to go back out to sea, then this crew would have done so. This would affect recruitment and retention, having a CO fired like this. This CO, if he said to go back to sea, then 90% of the ship would have said, "Let's go." I have 28 years in the Navy. You've got 5,000 people on this ship. A lot of people have taken this to "if that's how they're gonna do leadership, why would I want to be part of this organization? Why would I want to succeed?"

I swear (or affirm) that the information in the statement above is true to the best of my knowledge or belief

(b) (6)



17 MAY 20 1030
(Date) Time

(b) (6)

CDR USN, USS Theodore Roosevelt

From: (b) (6) CDR USN, USS Theodore Roosevelt
Sent: Sunday, March 29, 2020 8:35 PM
To: (b) (6) CDR USN, USS Theodore Roosevelt
Cc: DH_71; (b) (6) LT USN, USS Theodore Roosevelt; Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; SAFETY DIVO; (b) (6) ABHC USN, USS Theodore Roosevelt; (b) (6) ASC USN, USS Theodore Roosevelt
Subject: Safety Okinawa Manifest / Stay
Attachments: Okinawa Safety Dept Fly Off.xlsx
Signed By: (b) (6) @navy.mil

(b) (6)

Please see the attached manifest.

It is tabbed as follows:

-Okinawa Flyoff group (racked in order to relieve the "first 500")

-"Stay Behind" skeleton crew.

V/R,

CDR (b) (6)
Safety Officer
USS THEODORE ROOSEVELT (CVN 71)
e-mail: (b) (6) @CVN71.navy.mil
J-Dial: (b) (6) HYDRA: (b) (6)
COMM: (b) (6)

Witness Statement of (b) (6) / CDR:

On 11MAY 20, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via VTC.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: CDR (b) (6) Position: TR AIR BOSS

Command: USS THEODORE ROOSEVELT Department/Division: AIR

Email Address: (b) (6) @CVN71.NAVY.MIL Phone(s): (b) (6)

I spent 22 days in isolation after identification as a possible close contact with individuals who tested positive for Covid-19. As of the date of this interview, I have yet to test positive.

The only information I had about Covid-19 prior to the Da Nang port call was whatever was reported in the news. Obviously, we are all well informed now, but prior to the Da Nang port call, information was pretty sparse. The only general concern was regarding its effect on the rest of the world. We were told Vietnam was a safe port to visit. I don't remember much discussion about mitigation efforts prior to the Da Nang port visit. I don't remember thinking it would be much of a danger. No one voiced any concerns about visiting Vietnam because all indications were that it was safe. There were 2 CODs of Vietnamese delegations that toured the ship days prior to the port call. During the port call, if there was any screening for tours coming to the ship, I am not aware of it. Because of the heavy sea state and resulting issues with the ferries, I'm not sure any Vietnamese visitors made it on the ship. I went ashore on liberty in Da Nang and while there, I received a text that potential TR sailors were identified as "close contacts" with Covid-19 positive tourists. I received notification via email of a ship wide recall and I passed the word to my Khaki. But within the hour, another email was received that liberty would continue as planned. I was screened via a brief verbal questionnaire for Covid-19 upon my return to the ship, asking if I had symptoms. After leaving Vietnam we had one or two CODs arrive on the ship before they were cancelled. I didn't hear or see anything about screening the COD crews from up in the flight tower.

There is an Air Boss network where Air Bosses can discuss common issues. Prior to the outbreak on TR however, communications were minimal. After the TR confirmed its first positive cases of Covid-19, the network started sharing information and lessons learned. We had great communication onboard TR and frequent 1MC announcements, meetings and informational emails. In fact, there were so many emails that went out associated with the NAVADMINs that the crew needed to expand email storage in order to contain it.

Communications about Covid-19 on TR were very good. I never had any questions about the virus itself or the ship's plan to prevent it. Specifically, leadership passed information via the 1MC and during HOD meetings. We discussed mitigation efforts at quarters as well.

With respect to specific Covid-19 terms, I understand that someone is placed in "isolation" after a positive test, which will last 14-21 days. In order to clear isolation, they must receive two negative tests within 96 hours. The difference between isolation and quarantine is that isolation is for someone who is positive and quarantine is for someone who is not. "ROM" is similar to quarantine. A "PUI" is similar to someone in an "SIQ" status – they have symptoms but they have not yet tested positive.

Social distancing is and was our biggest challenge. The Air Department has the most Sailors and the smallest spaces. It is impossible to implement social distancing. If you reduce the number of Sailors in the work spaces, they simply move to berthing, which is equally confining, if not worse. There are only minimal spaces on the ship to distance oneself. Masks were a challenge. They were not frequently used because Sailors think they aren't going to get sick. The sense of invincibility early on was pretty normal. Now though, after all the education they've received, they are much better, but getting 100% compliance, 100% of the time is a challenge.

In Guam, the general understanding of the goal was that sailors would leave the ship, comply with social distancing requirements, get healthy, return to a ship that was cleaned by a skeleton crew. Initially, the crew seemed to understand the process may take some time to accomplish. After a while though, there was quite a bit of uncertainty. As our port call in Guam progressed, sailors began asking things like, "Why are we leaving the ship, a location where we cannot properly social distance, just to go to a crowded gym, where we also cannot socially distance?" It was never "doom and gloom" with the sailors. There just seemed to be a lot of anxiety building.

There was discussion voiced in HOD meetings of using hotels to house the crew, but no action was evident. The apparent direction from senior leadership was to get Sailors off the ship, even if it was just to the gyms with no long-term plan. The process was slow. Immediately after CAPT Crozier's letter, it was obvious to the crew that the pace picked up and significant actions began.

The HODs and senior leaders on the TR have a great relationship. I have nothing but positive things to say. Everyone works together to get the job done. CAPT Crozier let us run our departments as if we were commanding officers. Both CAPT Crozier and CAPT (b) (6) are personable and visibly care about their sailors. They are two of the best bosses I have had.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness' Signature)

16 May 2020 0830
(Date) Time

Name of Interviewer: RDML Spedero

Witness Statement of (b) (6), AT1:

On 13 May 2020, I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: AT1 (b) (6) Position: LPO w/ HSC-8

Command: HSC-8

Department/Division: HSC-8

Email Address: (b) (6)@cvw11.navy.mil Phone(s): N/A

I have been in the Navy for 17 ½ years. I reported to HSC-8 in March 2019 and embarked on TR in April 2019. I work in maintenance as LPO of the avionics shop. I have been on a couple of deployments. My first ship was forward deployed in Japan. When I first reported to the ship I thought it was a good environment. The chain of command is really good and takes care of their people. Communication is good and I feel they listen. They keep us in the loop in a situation that is very liquid.

Before our first port visit to Guam, I got sick. I had a cough and was very tired. The cough lasted for about three weeks. The whole shop just kept passing it around. We would get sick and then just take a few days to sleep it off. The symptoms are very similar to COVID-19 symptoms. But while on deployment, you kind of down play the symptoms. It's easier to sleep it off then stand in line during sick call. Some people in my shop went to medical but were turned away if they did not have a fever. There was also the double dragon going around and we needed to get our flight hours done. I can't remember if any precaution items were shown on SITE TV. The TV in my shop stays in the PLAT (channel showing the flight deck). We were just doing our normal operations and taking turns getting sick.

I can't remember details of the Da Nang liberty brief but I do know myself and my Sailors watched it. I recall there being temperature checks on the pier in Da Nang. I was not going to stay overnight in Da Nang but there were issues with the liberty boat so busses took us to a hotel. Coming back to the pier the next day, they did check our temperature. I heard about the possible exposure of a few Sailors in a Da Nang hotel through word of mouth. Several people were talking about it, and there may have been an announcement, but I cannot recall. They were quarantine but I do not recall where. None of my people were effected. I did not think they were sick, I believe it was done as a precaution.

I believe that following the Da Nang port call, the ship began "bleachapoloza" (the ship handed out ship approved bleach to Sailors to wipe down surfaces) twice a day. We cleaned

in the morning and afternoon for 30 minutes. There was information about hand washing and hygiene everywhere. It was on SITE TV, posters and emails went out about it. Information covered that if you have any symptoms come to medical. Anyone that had symptoms and reported to medical began a 14 day regiment of getting their temp checked at medical each morning and reporting any symptoms at that time. It's an airborne virus, there is no way to contain it and no way to social distance on a ship. People just coughing and touch the handrails, could make you get it.

My attitude was kind of like not my people, but hopefully those effected are fine. I believe my workspace really did not take it seriously. I cannot remember if there were any 1MC announcements, we were flying a lot. The gym stayed open, I would still go every day. We were just instructed to wipe down your stuff. I believe the barbershops and stores were still open.

Pulling into Guam I was unaware of the plan for us. I was finding out things through my husband back home. At his work people were dropping like flies, especially once schools closed. The plan of action for Guam was just a lot of back and forth. The ship sent a skeleton crew ahead of the ship and I was told some of them ended up testing positive. The test kits were sent to Korea and things just were changing by the hour. We just continued maintenance on our aircraft. I did end up getting a bit frustrated with the whole situation. I was told I would leave the ship but then ended up getting pushed back. We were told to pack up all of our things from our racks because they were going to be cleaning the ship. Then I was tested and finally left the ship. We were allowed to leave the ship in civilian clothes. We (a group of around 100 people from my squadron) went to the Charles King gym for a couple days (waiting for results from our nasal swab) but then they moved us because they needed a space for all the positive Sailors. Then we spent a few days at McCool School waiting for test results. Most people from my squadron got their results then and went to hotels if they were negative or back to Charles King if they were positive. There were a few of us that did not have results so we were moved the Santa Rita school and eventually medical told me that my test was either inconclusive or never came back. They retested me and I ended up testing positive for the virus so I was moved back to McCool school. McCool became very crowded. The most we had was over 200 people. The females were in the cafeteria and the males were in the gym. The cafeteria was okay but the gym was very crowded for the males. Once a new group of Sailors received their test results then they would leave and the placed cleared up a bit. The food was okay but I don't really have very high standards. There was no fruit for a very long time. Once we got fruit, I feel the morale got better. I did stay in communication with my chain of command while off the ship. We used the Slack app to talk and my squadron Skipper, XO and CMC passed word to us on there.

The morale was good prior to Vietnam. I was excited about Vietnam. The liberty boats were a bummer.

When a few Sailors popped positive before we pulled into Guam the second time and we told we were MEDEVACing them off, we prepared the helicopters (using barrier paper and plastic bags to try to not contaminate the aircraft and to protect the pilots and aircrew), that's when it hit home for me. My husband either sent me the link or told me about Captain Croziers letter.

Of note, the medical staff was awesome. There was a sailor with me at the gym FC2 (b) (6), she was experiencing headaches and had a terrible cough. She is a cancer survivor and her medication and the virus were giving her complications. I was there with her for two weeks and during that time she talked to medical several times (besides our daily temp/wellness check) but was not given a course of action (as far as she told me) by medical. She was eventually taken to the hospital during the night but came back after a couple days. She told us that once she tested negative she was going home due to being high risk. She tested negative but was left at McCool. I left a few days later and she was still there. The cleaning crew that was left behind on the ship were all not tested until after they completely cleaned the ship. It was my understanding that they all tested positive for the virus. A large problem is mental health as the stress of the unknown and plans shifting constantly had been every day, and there are very limited mental health specialists available, from what I was told there was one psychologist for all the Sailors off the ship. Also other health issues have been pushed aside if they are not related to COVID.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness' Signature)

5/22/2020

(Date)

2035

Time

Name of Interviewer: Command Master Chief (b) (6)

Witness Statement of (b) (6) HM3:

On 13 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: HM3 (b) (6) Position: Quad 0 Corpsman

Command: USS THEODORE ROOSEVELT Department/Division: Medical/ H

Email Address: (b) (6) @cvn71.navy.mil Phone(s): N/A

I have been in the Navy for 7 1/2 years. I reported onboard USS THEODORE ROOSEVELT in August 2018. I work in the Medical Department onboard in the H division. I am a Quad 0 Corpsman so I am kind of a jack-of-all-trades. I have worked in sick call, completed PHA's, but while underway I was the flight deck Corpsman working nights. This is my first operational command, it's very fast paced and offers a lot of opportunity to do more and learn skill as a Corpsman. I have a good chain of command. They are friendly, caring and make do with what we have available to us right now. The Senior Medical Officer (SMO) cares about the enlisted, prior to his isolation off ship, he would attend our morning muster, communicated well with us and I feel listens to our concerns. Best SMO I have worked for yet.

I recall after our first visit to Guam the ship came down with VGE. Sick call was not crazy and medical was not overwhelmed with the number of Sailors that came to be seen. Medical did put together a video for SITE TV discussing the importance of hand washing and that if someone had symptoms of nausea, vomiting or diarrhea, to report to Medical. The ship had posters and hand sanitizer everywhere. "Bleachapalooza" became our normal routine in the afternoon around 1600. During this time we would wipe down everything in sight with bleach. This was an all hands event that was separated from our 30 minutes of morning cleaning.

I am kind of an introvert and I stay away from the news. I did kind of hear about COVID-19 from people on the ship talking about it. Mostly other people thought it was funny that it was called the Corona virus and they would make jokes about it. I knew the category of people who could be considered high risk and that the US had a couple of cases. Prior to Da Nang we did have a really long liberty brief. The brief included the liberty boundaries and Medical talked about the importance of temperature checks on the pier. During the liberty brief, medical also discussed that if a Sailor was experiencing fever, headache or respiratory concerns to report to medical. Upon arriving in Da Nang, medical had a watch on the pier. The Vietnamese Navy was set up with their temperature scanner on the pier prior to boarding the buses into town. They would not let Sailors leave the pier if they had an increased body temperature. The medical watch on the pier was there in case a Sailor would pop with a

fever going through the scanner. We would hydrate them, recheck their temperature, obtain a brief medical history, and then report back to medical on the ship for further guidance. For Sailors to return to the ship, they again had to go through the temperature scanner. I did get to go off the ship on liberty. I hung out in my hotel and got a massage. I found out about the exposed Sailor the last day before we left the port. My understanding is that there was TR Sailors and DDG Sailors staying the same hotel as two COVID positive civilians. The Sailors were placed in quarantine inside a berthing onboard the ship. Medical evaluated them and did daily temperature checks. I knew someone who was quarantined. Word got out amongst the ship, and almost immediately, the CO came on the IMC and made everyone aware of what was going on with those sailors. Most people thought it was a good deal, 14 days off. It seemed to be a nice break for those sailors but towards the end everyone was ready to get to work.

As the cases started rising, medical would teach one person in the berthing how to take the temperatures so that the Sailors could do the daily checks themselves. I believed the Sailors were placed in quarantine out of precaution. I am not and was not concerned for my safety at that time. The quarantine sailors were cleared but then two weeks later we had our first two positive COVID cases. After this, we started bleaching two times a day on top of the 30 minute cleaning stations. Everyone on the ship attempted to comply with social distancing as much as possible, and only medical was required to wear masks.

Prior to pulling into Guam I did not know about the Health Emergency there. I was aware of the base operating at a limited capacity. The message and understanding was that "we were pulling into Guam to take care of our Sailors". There were rumors on the deck plates of us going to Okinawa but that was turned off quickly. I did think it was nice that the Governor of Guam put herself out there to help us. Once we arrived in Guam, there was still no real plan. The focus was to get the positive Sailors off the ship. My chain of command communicated the plan of action for Guam to myself and our department. I was part of the last push of Sailors to leave the ship. I was off the ship for 21 days and stayed at the Pacific Island Club Hotel. My chain of command communicated really well with me during my time off ship. I emailed medical in the morning and received updates during remote morning muster. The TR also set up a closed Facebook page. It was a great tool to receive updates on the cleaning of the ship, as well as let sailors communicate about different things.

I really liked the CO. He is a very personable, caring CO. Morale took a hit after he was relieved. I felt that he was being punished for standing up for us. As someone who works in the medical field, I fully believe in putting my patients first. I fully believe that the CO did that for us, and I'm very grateful for that. The morale right now is really bad. Things change on a day to day basis, and it can be very frustrating. We are dealing with a virus that is so diverse and complicated. We just want to go home. I am okay and Medical is trying to make do with what we have, but I don't know how much longer we can keep this up before the morale completely tanks and people start to snap.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)



15 May 20
(Date)

1947
Time

Name of Interviewer: Command Master Chief (b) (6)



Witness Statement of Carrier Air Wing ELEVEN Flight Surgeon

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LT (b) (6) Position: CVW-11 Flight Surgeon
Command: CVW-11 Department/Division: Terminal Leave
Email Address: (b) (6) @gmail.com Phone(s): (b) (6)

Following the Da Nang port call, we [the medical department] had a plan in place to screen sailors based on temperature checks and symptoms. In hindsight, asymptomatic transmission was not being taken into account. Temperature screening was missing those who were infected but did not have a temperature and would have been able to board. We, and the world as a whole at that time, would later realize asymptomatic carriers make up a large percentage of COVID patients. I did have "strong reservations" pulling into Vietnam during a global pandemic. I wasn't confident we were getting honest data from the Vietnamese about their positive cases or community spread. Our sources, including the chain of command, the CDC, and World Health Organization were saying all cases were concentrated in the Northern part of the country, but I didn't think that Vietnam had a good enough testing program to ensure that it wasn't being transmitted in Da Nang. Pulling in didn't seem worth the risk to me, but I also understood why people were pushing for the port call and the political motivations behind it.

CVN-71's response to the information that two British foreign nationals had tested positive and shared a hotel with our sailors was "over-the-top in a good way." The medical department and crew as a whole "moved heaven and earth" to take proper precautions as best we could on a ship. As best as I can remember, some of the measures that changed after Vietnam included no longer allowing self-serve in the chow line, encouraging social distancing, daily scheduled cleaning and sanitizing. Social distancing was discussed prior to the Da Nang port call through things like the TR TV, but I think we all knew that social distancing on a ship would be impossible. Masks were not made available to the crew as resources did not allow it, and the CDC was still telling people at that time that universal masking was not necessary, which later they redacted. I believe that the actions taken to the potential exposure of sailors to the two British tourists was appropriate. However, I think the more likely danger was that there were cases in Da Nang that were unknown at the time, and exposures may have returned to the ship that were not known about.

I remember being "on edge" coming out of Vietnam. As I recall the guidance we had at that time was to test anyone with influenza-like illness (ILI) and a fever, but no fever meant no test and to continue to monitor. We acquired a BioFire diagnostic machine and a research

Subj: Witness Statement of Carrier Air Wing ELEVEN Flight Surgeon

COVID rt-PCR machine. The Biofire tests for normal viruses but not COVID. Although a positive Biofire result for other viruses does not rule out COVID, it gave us another reasonable diagnosis to go on. If someone tested negative on the Biofire, then they would be tested for COVID. In an ideal world every person with an ILI would have been tested with Biofire and for COVID, but at the time I was told it wasn't the recommendation and wasn't feasible with our resources. As far as I know, until our first positive case we had no negatives on the Biofire, which meant we were presumptively diagnosing everyone with other viruses like Parainfluenza, RSV, etc. based on the result of the Biofire. Having a Biofire was "really quite nice," and was a major step up from what we had prior to Vietnam. The guidance at that time was to keep the potentially exposed sailors from Vietnam who we presumed to be close contacts to the British foreign nationals in a group quarantine for 14 days. We did not have the space for individual quarantine. We started to feel better that we were in the clear once we got closer to day 14 with no confirmed cases, but of course the night of the 14th day we got our first positive COVID.

Both before and after our first positive case, SMO would put out a lot of info almost daily. He would pass along whatever was being pushed out from Big Navy and often summarize it for us. At the time, the Navy guidance and message was to "take temperatures and take temperatures" but that's just not good enough. We had guidance to go on, but unfortunately, that guidance wasn't adequate. We had a long line of people getting their temperature taken daily and I'd "bet money" there was COVID in that line at some point, either without a fever, or testing positive for another virus. As far as where our first positive came from, in my opinion it's a 50/50 chance it came from Da Nang or a COD.

As I recall we had 26 positive cases within approximately the first 24 hours. We had a lot of requirements to test the reactor department, this department, and that department, which made the priority more about ensuring certain departments were "clean" and would be able to continue to operate rather than identifying all the likely positive cases. The greatest portion of the workload during the first 24 hours was in testing and isolating berthings. We canceled our normal routine appointments and it quickly became an all-hands-on-deck evolution dealing with COVID. We MEDEVAC'd our first 26 which was a massive effort. Early on, our fear wasn't that we would have fatalities on board the ship, because we were MEDEVACing any positive cases. Our bigger fear was that there would be a shockingly high number of positive cases if we didn't immediately isolate the crew because of how quickly and effectively COVID spreads. If the case number became too high and we saw the typical distribution of "severe" and "critical" patients for our age demographic, we were going to overwhelm the ship's medical capacity and even NH Guam's capability. I was told at one point Naval Hospital Guam only has 7 ventilators. We knew the mortality rate was around 1%, so we were rolling the dice on how many people would be in that 1%. All of this data was coming from various papers studying both the general population and the Diamond Princess Cruise line case.

In Guam, I recall hearing about "push back" from higher up about getting people off the ship. I wasn't sure who was pushing back but rumors were the Governor of Guam, ADM Aquilino, SECNAV. Of course, for a LT like myself, you only really get that pushback from your

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direct superior, and similarly they got their pushback from above them. Whoever was coming up with the plans [to get people off the ship] would put a great deal of work into executing the plan, but then at the last minute that would fall through, and they'd start from scratch. From our point of view, time was of the essence. The overall "push back" was relayed to me from SMO or sometimes CAG.

In my opinion, SMO is a phenomenal leader. I would not have wanted to be under the leadership of anyone other than SMO during this crisis. It's important to know medical is different from the rest of the Navy in the sense that we are not line officers, we can only make recommendations and hope they would be heeded. We were dealing with trying our best to communicate the reality of the situation using facts based in science and the medical literature. I don't know that the chain of command off the ship fully understood what we were up against, or maybe things would have moved more quickly. You cannot bend the will of the virus, no matter how much you want the reality to be different. What I really like about SMO is that as best he could he didn't leave anyone in the dark. He even briefed the enlisted sailors on our plans pretty much daily. He tried to make the "why" of upper level decisions clear, and when those decisions seemed to make no sense to us, he did his best to encourage the team to work efficiently and to trust that everything that could be done was getting done. In my opinion, SMO perfectly bridged the gap between staff side and line side, which partially comes from the fact that he is a Captain with so much experience. SMO is very intelligent and was trying to get people to understand the reality of the situation we were facing.

The morning we signed the [31 MAR] letter we felt we had run out of time and options. We were seeing massive increases in cases and no headway on a plan to get people off the ship. I believe that everything we wrote in the letter is accurate, and had decisive action not come when it did, we would have lost more people. I think as it stands we were lucky to have only lost one sailor. We certainly would have preferred not to be in a position to feel the need to write that letter, but all of the COAs being proposed until then were not feasible, or they'd fall apart within 24 hours. We needed more help. We did not have the resources we needed to do our jobs at the time, and to do the one thing that needed to happen – immediate isolation of all hands. We had the ship and these gyms that were not CDC compliant for social distancing, and they really weren't much better than the ship. As medical officers we have a moral obligation to our patients and a duty to inform our chain of command of the medical implications of decisions that were being made. We tried our very hardest to do that, but ultimately we felt that nothing was getting done. The plan was to take the letter to CAPT Crozier and ask him to run it up the chain-of-command. The goal was to get people to pay attention a little more and hopefully to move more quickly. We didn't take the letter to the media and never intended to, and we certainly had no reason to after what happened with CAPT Crozier's memo. At the end of the day, it was a "Hail Mary" attempt to get help for our patients, who we were watching get infected and sick more and more every day that action wasn't taken.

Regarding the letter, some people did not sign it because they feared repercussions and they have a long, successful Navy career ahead of them, which may have been tarnished by being

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involved. I felt I had a moral obligation to my patients, and the crew of that ship; it was something I needed to be a part of for their sake.

In hindsight, it's always easy to find things we could have done differently, but at the time we did the best we could with what we had. I would not want any leader other than CAPT (b) as SMO. Had the CO not written his memo to his supervisor, we truly believe we would have had more fatalities.

Questions were submitted to me by LCDR (b) (6) concerning the patients I saw with symptoms of anosmia and ageusia (loss of sense of smell and taste). I will do my best to answer these questions based on my memory:

On [24 MAR], the night of the first confirmed COVID case I was on sick call for the Airwing. I saw the patient who ended up being our first test confirmed positive, and while I was running the necessary tests (Biofire, and ultimately the COVID test) I saw several other patients. Three of my patients presented with the exact same symptoms of a complete loss of sense of taste and smell. On further questioning they said it had been going on for about one week. They all worked in the same shop (I believe it was an Admin shop for HSM-75 right off the hangar bay) and none of them were feeling otherwise ill. They said there were one or two others from the shop who complained of similar symptoms, so I had them come down to medical to examine them all. This was before we found out that we had COVID on board by a few hours, and coincidentally was the first night that I had heard of the anosmia and ageusia as possible symptoms for COVID. A news report not an hour before these patients showed up said that this may be an early symptom of COVID, which I found interesting. However, at the time this was not considered a diagnostic symptom and was anecdotal at best, and was not predominant in the COVID literature. I had a higher concern for a toxic exposure causing these symptoms seeing as they were all coming from the same work center. I ran a RAD-57 test which demonstrated a normal CO level, all their vitals were normal. To be safe I examined each individual, I instructed them not to return to their work center, and I contacted the industrial hygienist on board to inspect their work center. He performed an inspection the following morning and found nothing of note. To the best of my recollection at least 3 individuals from that same work center ultimately tested positive.

I do not know if the individuals went ashore in Vietnam, but I believe that none of them came by COD as they were all members of HSM-75. You'd have to talk to HSM-75 to confirm that none were flown in over the previous week. You may be able to ask LT (b) or LT (b) (6) to look them up on the ship and find out when they tested positive.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

18 MAY 2020
(Date)

11:26
Time

UNCLASSIFIED//
PRIORITY
P 122210Z MAR 20 MID510001053027U
FM CNO WASHINGTON DC
TO NAVADMIN
INFO SECNAV WASHINGTON DC
CNO WASHINGTON DC
BT
UNCLAS

NAVADMIN 064/20

MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/MAR//

SUBJ/NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK//

REF/A/OPLAN/NORTHCOM/DOD GCP-PI&ID-3551-13/15OCT13//
REF/B/INST/DODI 6200.03/28MAR19//
REF/C/MEMO/OSD/30JAN2020//
REF/D/EXORD/JOINT STAFF J3/012240ZFEB20//
REF/E/MEMO/OSD/07FEB2020//
REF/F/MEMO/OSD/25FEB2020//
REF/G/NAVADMIN/OPNAV/071613ZFEB20//
REF/H/NAVADMIN/OPNAV/112054ZFEB20//
REF/I/NAVADMIN/OPNAV/051456ZMAR20//
REF/J/GENADMIN/JOINT STAFF/051908ZMAR20//
REF/K/MEMO/JOINT STAFF/06MAR2020//
REF/L/MEMO/OSD/10MAR2020//
REF/M/MEMO/OSD/11MAR2020//
REF/N/ALNAV/SECNAV/025-20//
REF/O/MEMO/OSD/11MAR2020//
NARR/REF A IS DEPARTMENT OF DEFENSE (DOD) GLOBAL CAMPAIGN PLAN FOR PANDEMIC INFLUENZA AND INFECTIOUS DISEASE.
REF B IS DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DOD.
REF C IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS (COVID-19) OUTBREAK.
REF D IS SECDEF APPROVED EXORD THAT DIRECTS USNORTHCOM TO EXECUTE ITS PANDEMIC PLAN 3551-13 AND SUPPORTING GEOGRAPHIC COMBATANT COMMANDERS TO EXECUTE THEIR PANDEMIC PLANS IN RESPONSE TO THE NCOV (COVID-19) OUTBREAK.
REF E IS SUPPLEMENT 1 TO REF C.
REF F IS SUPPLEMENT 2 TO REF C.
REF G IS NAVADMIN 033/20, OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO THE COVID-19 OUTBREAK.
REF H IS NAVADMIN 039/20, UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE NOVEL CORONAVIRUS OUTBREAK.
REF I IS NAVADMIN 058/20, UPDATED NAVY GUIDANCE DURING THE NOVEL CORONAVIRUS OUTBREAK. REF J IS JOINT STAFF MESSAGE FOR DOD COVID-19 PASSENGER SCREENING GUIDELINES FOR OVERSEAS MILITARY TRANSPORTATION TERMINALS.
REF K IS JOINT STAFF FORCE HEALTH PROTECTION GUIDANCE TO MITIGATE THE RISK OF COVID-19 TRANSMISSION.
REF L IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT AND NON-PHARMACEUTICAL INTERVENTIONS DURING THE CORONAVIRUS DISEASE 2019 OUTBREAK.
REF M IS MEMO FROM UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL TRAVELING DURING THE NOVEL CORONAVIRUS OUTBREAK.
REF N IS ALNAV 025/20, FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF NAVY.
REF O IS MEMO FROM SECRETARY OF DEFENSE FOR TRAVEL RESTRICTIONS FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE.//

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POC/RADM KARL THOMAS/OPNAV N3N5B/703-692-9291/KARL.O.THOMAS1(AT)NAVY.MIL/
RADM JEFFREY JABLON/OPNAV N13/703-604-5040/JEFFREY.JABLON(AT)NAVY.MIL/
RADM GAYLE SHAFFER/OPNAV N093B/703-697-7399/GAYLE.SHAFFER(AT)MED.NAVY.MIL//

RMKS/1. This NAVADMIN announces further measures to mitigate the spread of COVID-19 throughout the Navy enterprise and amplifies DoD and DON references (o) and (n) guidance for Navy military members. It summarizes and repeats applicable guidance where appropriate so that this will serve as a one-stop information source.

1.A. Background. The DoD has transitioned to Phase Two Mitigation of reference (a), the global campaign in response to the COVID-19 outbreak. The U.S. Centers for Disease Control and Prevention (CDC) is now reporting over 100,000 cases worldwide, to include cases in the U.S. During the COVID-19 outbreak, the DoD and Navy will continue to protect and preserve the operational effectiveness of forces worldwide in accordance with (IAW) references (a) and (b). Utilizing force health protection guidance (FHPG) from the Under Secretary of Defense for Personnel and Readiness (USD (P&R)) provided in reference (c) and (m), USNORTHCOM is executing its pandemic plan and geographic combatant commanders are executing their supporting pandemic plans IAW reference (d). In compliance with updated USD (P&R) FHPG issued in references (e) and (f), Office of Chief Naval Operations (OPNAV) published initial reporting guidance supporting DoD response to the COVID-19 outbreak in reference (g) and updated that guidance in references (h) and (i).

1.B. Role of the CDC. As the leading U.S. government Public Health Agency, the CDC continues to assess the risk of COVID-19 and to provide guidance for those residing in the U.S. and traveling abroad. Because CDC guidance is principally tailored for persons residing in the continental U.S. (CONUS), some CDC COVID-19 guidance may have limited applicability for commanders, particularly those outside the United States, and is not recognized by other sovereign nations. While DoD continues to follow the lead of the CDC, when needed, additional military specific measures are authorized to mitigate risk to U.S. forces stationed or deployed around the world, and to protect Service Members, DoD civilian employees, and their family members. USD (P&R) FHPG issued in reference (m) provides guidance for DoD personnel traveling during the novel coronavirus outbreak.

1.C. CDC Travel Health Advisories. The CDC provides travel health advisories at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. The levels of advisories are noted below and will be referenced in this NAVADMIN (note that CDC warning levels DO NOT apply to CONUS):

Level 1 Watch, practice usual precautions (risk of limited community transmission)

Level 2 Alert, practice enhanced precautions (sustained (ongoing) community transmission)

Level 3 Warning, avoid nonessential travel (widespread sustained (ongoing) transmission)

1.D. Department of the Navy (DON) Civilian Guidance. The DON civilian workforce more than 220,000 strong plays an integral role in supporting our Sailors and building, manning and maintaining our ships and submarines. Working shoulder to shoulder with our military members, it is imperative to have alignment between DON civilian and military COVID-19 policy and guidance. To avoid any ambiguity, DON civilian guidance is contained in reference (n).

1.E. Military Health Protection Guidance. The Secretary of Defense (SECDEF) has provided explicit Force Health Protection Guidance in both references (c) and (m) which is more restrictive than CDC guidance. Commanders must read both documents in their entirety and ensure they are following the Service Member actions spelled out in this guidance. Local Commanders can be more restrictive based on Command location, local community transmission, risk to mission and risk to force. Each and every Sailor must ensure they proactively manage and minimize their personal risk to exposure, and that of their families. Commands are charged with ensuring they track and monitor each Sailor and aggressively follow SECDEF guidance in these references.

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2. Mission. All commands will take specific actions to mitigate the spread of COVID 19 worldwide and adhere to the policies and reporting requirements contained in this NAVADMIN.

3. Policy. In order to maintain force health protection, readiness of the force and mitigate the risk of transmission among personnel, the Secretary of Defense directed a stop movement to affected countries and areas effective 13 Mar 2020 in reference (o). This includes all forms of travel to include Permanent Change of Station, Temporary Duty and leave. This order will remain in effect until 13 May 2020, 60 days after implementation:

3.A. Permanent Change of Station (PCS). Service Members and dependents under OCONUS PCS orders to locations designated CDC COVID-19 Warning Level 3 or CDC COVID-19 Alert Level 2 will follow the guidance in section 3.A. of this NAVADMIN. Note that CDC warning levels DO NOT apply to CONUS. CONUS PCS moves may continue for now, UNODIR.

3.A.1. PCS orders to or from CDC COVID-19 Warning Level 3 locations. Service Members and their dependents under PCS orders to or from a CDC COVID 19 Warning Level 3 location will stop movement. This policy applies to currently designated CDC COVID-19 Warning Level 3 locations, or those designated Level 3 at a later date.

3.A.1.a. Service Members who have detached from their parent command prior to the date of this NAVADMIN and are in transit are directed to contact Navy Personnel Command (NPC) for follow-on guidance per paragraph 5.A. NPC is standing by to address each specific case and will authorize entitlements based on current location and situation.

3.A.1.b. Detaching and gaining commands shall make every effort to contact affected Service Members enroute to/from their command to advise them of the contents of this message.

3.A.2. PCS orders to CDC COVID-19 Alert Level 2 locations. Service Members under PCS orders to a CDC COVID 19 Alert Level 2 location will execute orders. Dependents of Service Members executing accompanied PCS orders to a CDC COVID-19 Alert Level 2 location will delay travel to the CDC COVID-19 Alert Level 2 location until 13 May 2020, 60 days after implementation. This policy applies to currently designated CDC Alert Level 2 locations and those designated at a later date. For Service Members with dependents, non-concurrent dependent travel entitlements will vary depending on each case. NPC is standing by to address each specific case and authorized entitlements based on current location and situation.

3.B. Other Official Travel (Meetings, Conferences, Site Visits, etc).

3.B.1. All other official travel by Service Members to or from a country designated as CDC COVID-19 Warning Level 3, will require an exception IAW paragraph 3.E. All other official travel by Service Members, including within CONUS, is strongly discouraged. If required, official travel must be determined to be mission essential and will be approved by the first flag officer or senior executive service member (SES) in the chain of command of the traveler.

3.B.2. All OCONUS travel, other than those countries designated as CDC COVID-19 Warning Level 3, for Selected Reserve personnel conducting annual training or other duty shall be IAW Geographic Combatant Commander (CCDR) or Navy Component Commander COVID 19 policy. Selected Reserve travel to a CDC COVID-19 Warning Level 3 location shall be in accordance with this NAVADMIN.

3.C. Travel for Official Training.

3.C.1. Service Members or initial accessions travel from an OCONUS CDC COVID-19 Alert Level 2 location to attend formal training in CONUS must be determined to be mission essential and will be approved by the first flag officer or SES in the chain of command of the traveler, require advance coordination with the training command and will comply with Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include restriction of movement (ROM).

3.C.2. Service Members or initial accessions traveling from an OCONUS CDC COVID 19 Warning Level 3 location to attend formal training in CONUS require an exception as outlined in paragraph 3.E. and will coordinate with the training command prior to approval.

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3.C.3. Service Members currently in training who are from a CDC COVID-19 Alert Level 2 or higher location are authorized to complete training and return to their parent command.

3.D. Personal Leave and Liberty. Commanders and commanding officers shall carefully review OCONUS/CONUS leave and liberty plans to minimize personnel traveling to locations that have declared a public health emergency, even within CONUS. These decisions should be based on local community transmission, risk to mission and risk to force, as well as personal hardship or family concerns of the individual. Approval authority for leave requests to areas for which a travel advisory has been issued by the CDC for countries other than COVID-19 Warning Level 3, is the first flag officer or SES in the chain of command. Leave or personal travel to a COVID-19 Warning Level 3 Country requires a waiver as outlined in paragraph 3.E.

3.E. Exceptions.

3.E.1. Individuals pending retirement or separation within the next 60 days are exempt from this stop movement.

3.E.2. Commanding officers and officers in charge may request an exception to paragraphs 3.A. through 3.D. in the following cases: (1) determined to be mission essential, (2) necessary for humanitarian reasons, or (3) warranted due to extreme hardship. Mission-essential travel refers to work that must be performed to ensure the continued operations of mission essential functions, as determined by the local Commander.

3.E.2.a. Navy Personnel Command (PERS-4) is authorized to approve or deny stop movement exceptions for PCS travel in paragraphs 3.A. and 3.C. Approvals of exception requests shall be made via message traffic to all concerned and will specify whether dependents are authorized to accompany the Service Member. OCONUS Commanders endorsement is required. Upon receipt of an approved exception, Transaction Service Center or Personnel Support Detachment/personnel offices will process the Service Member for transfer to the gaining command. Send all exception requests to pers451(at)navy.mil with the subject line PCS EXCEPTION REQUEST. Exception request formats will be provided by PERS-4 and posted on MyNavy Portal. Service Members who are granted an exception and are traveling from a CDC COVID-19 Warning Level 3 or Alert Level 2 location will receive guidance from NPC concerning Navy Component Commander pre- and post-travel medical screening and reception procedures to include ROM.

3.E.2.b. The first flag officer or SES in the chain of command is authorized to approve or deny stop movement exceptions for official travel in paragraph 3.B., and for official training, not associated with a PCS, in paragraph 3.C. and for leave in paragraph 3.D. Service members who are granted an exception and are traveling from a CDC COVID-19 Warning Level 3 or Alert Level 2 location will comply with Navy Component Commander guidance concerning pre- and post- travel medical screening and reception procedures to include ROM.

3.F. Actions upon return from a CDC COVID-19 Alert Level 2 or higher location or if in close contact with a confirmed COVID-19 infection.

3.F.1. Service Members who travel or have traveled in the prior 14 days to or through a CDC COVID-19 Warning Level 3 or Alert Level 2 location will immediately notify their chain of command and be placed in a 14 day ROM status. Immediate supervisors will not require Service Members to report to their duty location or otherwise disregard the ROM. Service Members will comply with reference (m) and Navy Component Commander guidance concerning pre- and post-travel medical screening and reception procedures to include ROM. Commanders may, pursuant to DoD and Navy regulations and policies, authorize telework opportunities, permissive TAD/TDY or work from home as necessary.

3.F.2. Service Members who have had close contact with someone with a confirmed COVID-19 infection and feel sick with a fever, cough or difficulty breathing shall:

3.F.2.a. Inform their Senior Medical Department Representative immediately.

3.F.2.b. Seek medical care immediately. Before going to the office of a doctor or emergency room, call ahead to provide recent travel locations and symptoms.

3.F.2.c. Avoid contact with others.

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3.F.2.d. Stay home except to get medical care.

3.F.2.e. Cover mouth and nose with tissue or sleeve (not hands) when coughing or sneezing.

3.G. Conferences. All Navy personnel shall maximize the conduct of virtual conferences, meetings and classes to the fullest extent. Holding conferences are discouraged and must be approved by a Navy Component Commander, Deputy Fleet Commander, Task Force Commander or Navy Region Commander charged with hosting the conference.

3.H. General Health Guidance. Compliance with CDC guidance is critical to minimize the spread of COVID-19. All personnel shall:

3.H.1. Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Always wash hands with soap and water if hands are visibly dirty.

3.H.2. Avoid close contact with people who are sick.

3.H.3. Avoid touching your eyes, nose and mouth.

3.H.4. Stay home when you are sick.

3.H.5. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

3.H.6. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

3.H.7. Maximize open doors within area with equivalent classification levels.

3.H.8. Minimize meetings of more than five persons.

3.H.9. Practice social distancing.

3.H.10. Minimize attendance at large group gatherings outside of the workplace (for example concerts and sporting events with large attendance).

3.I. Supplemental Guidance for Commanders.

3.I.1. IAW reference (m), Commanders should identify and track all Service Members who travel or have a history of travel in the prior 14 days to, through or from a CDC COVID-19 Alert Level 2 or Warning Level 3 OCONUS location. This includes travel by military or commercial means as well as private conveyance and includes all forms of travel to include PCS, temporary duty and leave. Commanders shall ensure Service Members implement the following actions for the next 14 days:

3.I.1.a. Implement self-observation, i.e., take temperature twice a day and remain alert for fever (>100.4 degrees F or 38 degrees C) and remain alert for fever, cough or difficulty breathing.

3.I.1.b. To the extent possible implement social distancing, i.e., remain out of congregate settings, avoid mass gatherings and maintain 6 feet or 2 meter distance from others when possible.

3.I.1.c. If individuals feel feverish or develop measured fever, cough or difficulty breathing, immediately self-isolate, limit contact with others and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is required.

3.I.2. Commanders will adhere to DoD guidance for personnel traveling during the novel coronavirus outbreak per reference (m) to include COVID-19 screening at overseas military transportation terminals per reference

(j). Commanders will review the supplemental risk-based measures and observe the operational risk level mitigation actions for COVID-19 outlined in reference (b).

3.I.3. For individuals traveling OCONUS to OCONUS, Commanders will ensure travel is mission essential and follow the guidance listing in reference (o) if compelling exceptions are necessary. Military air crew are exempt from the requirements in this NAVADMIN, but will ensure they actively practice social distancing and prudent measures to mitigate potential contact and COVID-19 transmission.

3.I.4. Commanders will comply with status of forces agreements when applicable.

3.I.5. Consider measures to place mission essential shore staffs on alternating day or port/starboard work rotations.

3.I.6. Use maximum latitude to authorize telework, liberal leave,

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permissive TDY as necessary to minimize spread within your teams.

3.I.7. Implement social distancing techniques for any meetings you conduct.

4. Regular Reporting. For CONUS commands, ensure your point of contacts submit accurate and timely COVID-19 daily reports and CCIRs to USFFC for consolidation and subsequent reporting to OPNAV. For OCONUS commands, ensure your POCs submit accurate and timely COVID-19 daily reports and CCIRs to Fleet Commanders for consolidation and subsequent reporting to OPNAV. Navy commands will report the following CCIRs immediately through their chain of command and via OPREP where appropriate:

4.A. Any confirmed cases of COVID-19 among Navy Service Members, DoD civilians, or military family members. In addition, a report should be made if a command learns of a confirmed case with an assigned contractor,

4.B. The death of a Navy Service Member, DoD civilian, Navy contractor or family member due to COVID-19,

4.C. Any shortage of medical personal protective equipment (PPE) or test kits,

4.D. Installation or facility closures,

4.E. Installation or facility is unable to meet isolation requirements,

4.F. Any change to health protection condition (HPCON).

5. Points of Contact.

5.A. Sailor Support. Service Members with questions regarding this stop movement or entitlements for PCS travel should contact the MyNavy Career Center (1-833-330-6622) or email ASKMNCC(AT)NAVY.MIL. Detailers are ready to support all order modifications and commands should work with their placement officers.

5.B. Medical Questions. BUMED Watch: 703-681-1087/1125 or NIPR EMAIL: usn.ncr.bumedfchva.list.bumed---2019-ncov-response-cell@mail.mil.

5.C. Reporting Requirements. OPNAV Battle Watch Captain at 703-692-9284.

6. The Navy will ensure the best possible Navy-wide Force Health Protection for its Sailors, civilian employees and family members. However, all members of the Navy family must do their part by adhering to CDC guidelines as they relate to basic hygiene and human interaction. The Navy will remain focused on meeting our global commitments while also ensuring the health and well-being of our Service Members, Navy civilians and our families.

7. Released by ADM R. P. Burke, Vice Chief of Naval Operations.//

BT

#0001

NNNN

UNCLASSIFIED//

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CDR USN, CCSG 9 <(b) (6)@ccsg9.navy.mil>
Sent: Sunday, May 24, 2020 4:01 AM
To: (b) (6) LT USN VCNO (USA)
Cc: CSG9 BWC; (b) (6)@lcc19.navy.mil; (b) (6) LCDR USN, CCSG9; (b) (6)@lcc19.navy.mil; CPF.CATBWC
Subject: RE: TR Command Investigation
Attachments: COVID Snapshot Tracker 30Mar @ 1823.xlsx; COVID Snapshot Tracker 28Mar (2).xlsx

(b) (6)

In response to this RFI:

RFI: Request the number of Sailors that were in aft quarantine when the decision was made to open up that area and cease the onboard quarantine.

The decision was made OOA 29 Mar. Attached are the snapshot tracker for the onboard quarantine area on the 28th there was 900+ and on the 30th there 1400+. We estimate about 1200-1300 on the 29th of Mar.

Very respectfully,

(b) (6)

CDR (b) (6)
Carrier Strike Group NINE
N31 / N7
Embarked: USS THEODORE ROOSEVELT
NIPR: (b) (6)@ccsg9.navy.mil
SIPR: (b) (6)@ccsg9.navy.smil.mil
COMM: (b) (6)
VOSIP: (b) (6)
J-Dial: (b) (6)

From: (b) (6) LT USN VCNO (USA) [mailto:(b) (6)@navy.mil]
Sent: Saturday, May 23, 2020 6:40 AM
To: CSG9 BWC
Cc: C7F BWC; C7F ABWC; C7F-COVID-WG; C7F-N31-COPS; cpf.catbwc
Subject: RE: TR Command Investigation

****PRE-DECISIONAL / DELIBERATIVE INFORMATION // FOR OFFICIAL USE ONLY****

Good morning CSG-9 BWC,

One new RFI from our team today. Thank you again for all the hard work and prompt responses.

Request confirm receipt of this email.
Please encrypt any email(s) containing PII or sensitive information.

Please have the information available for closeout **within 24 hours**.

Point of Contact: LT (b) (6) (b) (6) @navy.(smil.)mil

If information is sent via SIPR, please email: LCDR (b) (6) : (b) (6) @navy.smil.mil and LT (b) (6) : (b) (6) @navy.smil.mil

RFI: Request the number of Sailors that were in aft quarantine when the decision was made to open up that area and cease the onboard quarantine.

Thank you for all your help with this matter.

Very respectfully,

LT (b) (6)
Command Investigation Team
Vice Chief of Naval Operations
O: (b) (6)
Pentagon Room (b) (6)
Washington, DC 20350-1000
(b) (6) @navy.(smil.)mil

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COVID Berthing Tracker
31Mar20

	TAC#	JDial	# Personnel	Notes	TOTAL	Date Isolation Started	Date Quarantine Started
Close Contact Berthings							
HSM-75 Males	(b) (6)		85		6		
HSM-75 Females	(b) (6)		39		6		
VFA-154 Males	(b) (6)		131		15		
VFA-154 Females	(b) (6)		33	WAS STAYING AT HSM75 FEMALE BERTHING	0		
VFA-87 Males	(b) (6)		102		2		
VFA-146 Males	(b) (6)		21		2		
RX/RP Males	(b) (6)		172		8		
RX/RP Females	(b) (6)		40		3		
NAV Female	(b) (6)				1		
NAV Male	(b) (6)				1		
OPS Female	(b) (6)		46		1		
NAV Gator	(b) (6)		1		1		
VRC 30 (CW02)	(b) (6)		1		1		
CPO Male AFT Berthing	(b) (6)		70		2		
MCPO Female Berthing	(b) (6)		4		1		
E6 and below Supply Male Berthing	(b) (6)		141		10		
ENG Males	(b) (6)		66		5		
Air V3 Males	(b) (6)		66		2		
Air V5/V2 Males	(b) (6)		179		1		
AIMD Males	(b) (6)		84		1		
Reactor RL/RP/RC Males	(b) (6)		76		2		
Supply S8 Females	(b) (6)		66		2		
VFA-87 LCDR	(b) (6)				1		
SUP (LT)	(b) (6)				1		
Air (V1)	(b) (6)				1		
Air (V4)	(b) (6)				1		
Combat	(b) (6)				1		
VAW 115/ VFA 31	(b) (6)				1		
Total			1423		79		
Presumptive Positive / Positive shipboard testing COVID Berthings							
Males	(b) (6)		0	Quarantined to berthing only	medical		
Females	(b) (6)		0	Quarantined to berthing only	medical		
Total			0				
ISOLATION							
Medevac 25Mar			4	Medevac to NHG			
Medevac 26Mar			21	Medevac to NHG			
Transported 27Mar			9	Transported to isolation NBG			
Transported 28Mar			4	Transported to isolation NBG			
Transported 29 Mar			9	8 from TR 1 from Charles King (Reactor Sailor)			
Transported 30			28				
Total			75				

COVID Berthing Tracker

28Mar20

	TAC#	JDial	# Personnel	Notes	Temps	Date Isolation Started	Date Quarantine Started
Close Contact Berthings							
HSM-75 Males	(b) (6)		85	Quarantined. CPO Mess and berthing only	self	25-Mar	
HSM-75 Females	(b) (6)		39	Quarantined.	self	24-Mar	
VFA-154 Males	(b) (6)		131	Quarantined. CPO Mess and berthing only	self	24-Mar	
VFA-154 Females	(b) (6)		33	Quarantined. CPO Mess and berthing only	self		26-Mar
VFA-87 Males	(b) (6)		102	Quarantined. CPO Mess and berthing only	self		27-Mar
VFA-146 Males	(b) (6)		21	Quarantined. CPO Mess and berthing only	self		26-Mar
Essential Depts/Div							
RX/RP			200	Quarantined; Essential	self		24-Mar
NAV/Misc			52	Quarantined; Essential. Temp times 0800-0900 & 1800-1900	medical		25-Mar
OPS Female			46	Quarantined; Essential. Temp times 0800-0900 & 1800-1900	medical		27-Mar
CPO Male AFT Berthing	(b) (6)		70	Quarantined; Essential. Temp times 0900-1000 & 1900-2000	medical		26-Mar
MCPO Female Berthing	(b) (6)		4	Quarantined; Essential. Temp times 0900-1000 & 1900-2000	medical		26-Mar
E6 and below Supply Male Berthing	(b) (6)		141	Quarantined; Essential.	self		26-Mar
Total			924				
Presumptive Positive / Positive shipboard testing COVID Berthings							
Males	(b) (6)		4	Quarantined to berthing only	medical	26-Mar	
Females	(b) (6)		1	Quarantined to berthing only	medical	26-Mar	
Total			5				
NH Guam							
Medevac 25Mar			4 patients 1 NMA	Medevac to NHG			
Medevac 26Mar			21 patients	Medevac to NHG			
Transported 27Mar			9 patients	Transported to isolation NBG			
Total			34 patients				

From: (b) (6) @fe.navy.mil
To: (b) (6) LT USN VCNO (USA)
Subject: Re: TR Command Investigation
Date: Thursday, May 7, 2020 7:58:12 PM

(b) (6),

I started my turnover with CAPT (b) (6) on 02 March just prior to the Vietnam port visit. I concluded that turnover on 11 March. CAPT (b) (6) departed TR on 12 March.

V/R

CAPT (b) (6), USN
Executive Officer
USS THEODORE ROOSEVELT
Email: (b) (6) @cvn71.navy.mil
Office (Guam): (b) (6)
Mobile: (b) (6)

From: (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>
Sent: Friday, May 8, 2020 3:42 AM
To: (b) (6) CAPT USN CVN-71 (USA)
Subject: TR Command Investigation

Good afternoon Sir,

I'm LT (b) (6), and I've been assigned as the point of contact for RFIs regarding the TR Command Investigation.

May I ask, when did you assume the role of XO/report onboard the USS THEODORE ROOSEVELT?

Thank you for your time, sir. Please let me know if you have any questions for me.

Very respectfully,

LT (b) (6)
Command Investigation Team
Vice Chief of Naval Operations
O: (b) (6)
Pentagon Room (b) (6)
Washington, DC 20350-1000
(b) (6) @navy.(smil.)mil <[mailto:\(b\) \(6\) @navy.\(smil.\)mil](mailto:(b) (6) @navy.(smil.)mil)>

****PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~****

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SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

3/11/2020

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: Travel Restrictions for DoD Components in Response to Coronavirus Disease 2019

- References: (a) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 4) – "Department of Defense Guidance for Personnel Traveling During the Novel Coronavirus Outbreak" March 11, 2020
(b) DoD Instruction 6200.03, "Public Health Emergency Management within the DoD," March 28, 2019

This memorandum applies to all DoD uniformed and civilian personnel and their sponsored family members not under the responsibility of a U.S. Chief of Mission.

Effective March 13, 2020, all DoD uniformed personnel, civilian personnel and family members traveling to, from, or through Centers for Disease Control and Prevention (CDC) Travel Health Notices Level 3 (COVID-19) designated locations, will stop movement for the next 60 days. This includes all forms of official travel, including Permanent Change of Station, Temporary Duty, and government-funded leave. For DoD uniformed personnel, this also includes personal leave and other non-official travel. DoD travelers should carefully plan travel to ensure their scheduled flights do not transit through or originate in Level 3 designated locations. Authorized Departures are delayed until appropriate transportation and reception procedures are in place for their intended route of travel as prescribed in this memorandum.

Effective March 13, 2020, and for the 60 days thereafter, concurrent official travel for family members of DoD uniformed personnel and civilian personnel is denied to CDC Travel Health Notices Level 2 (COVID-19) designated locations. Additionally, until the travel restrictions prescribed above are lifted, DoD civilian personnel hiring actions for positions in Level 2 and Level 3 designated locations are postponed for non-essential civilian personnel who have not yet begun travel.

Also effective March 13, 2020, DoD Components must determine whether official travel by DoD personnel to locations other than CDC Travel Health Notices Level 3 designated locations is mission essential and must defer non-mission essential travel. Mission-essential travel refers to work that must be performed to ensure the continued operations of mission-essential functions, as determined by the DoD Component.

Exceptions may be granted in writing to the guidance contained herein for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; (3) warranted due to extreme hardship. Approval authority for these exceptions belongs to the Combatant Commander if the individual is assigned to a combatant command. The Secretary of the Military Department concerned and the Chief Management Officer in the case of Defense Field Activities and Field Agencies retain the authority for all other individuals. This

authority may be delegated in writing no lower than the first general or flag officer or member of the Senior Executive Service in the traveler's chain of command or supervision. These exceptions are to be done on a case by case basis, shall be limited in number, and shall be coordinated between the gaining and losing organizations. Individuals pending retirement or separation within the next 60 days are exempt. Individuals traveling under an exception or exemption, including those traveling as part of a Department of State-issued Authorized Departure, are subject to travel screening protocols as provided in reference (a).

These actions give preeminence to the safety and security of our personnel and their families. During the next 60 days, the Department will take several measures to enhance traveler safety. Each of your organizations, as applicable, shall take immediate action to:

- Establish pre- and post- travel screening and reception procedures for all travelers as provided in reference (a), to include providing members or civilian employees information regarding prescribed actions for them and their family members given their particular circumstances;
- Establish a means of communication with all personnel throughout the reception process until they are allowed to resume their normal duties;
- Transition to military or DoD contracted aircraft for DoD sponsored travelers coming from or going to CDC Level 3 or Level 2 designated areas, to the greatest extent practical; and
- Inform all travelers of their responsibility to contact their gaining organization in advance of travel and to keep the organization updated on their travel itinerary.

Refer to the latest Force Health Protection Supplement for all areas not specifically addressed by this guidance (<https://www.defense.gov/Explore/Spotlight/Coronavirus/>).

Our understanding of COVID-19 is rapidly evolving, and this guidance will be continuously evaluated as conditions warrant. Component heads should ensure this guidance is clearly communicated to those affected by these changes to travel policy.



DISTRIBUTION:

**CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF THE NATIONAL GUARD BUREAU
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DIRECTOR OF COST ASSESSMENT AND PROGRAM EVALUATION
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DIRECTOR OF OPERATIONAL TEST AND EVALUATION
CHIEF INFORMATION OFFICER OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS
DIRECTOR OF NET ASSESSMENT
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES**

Witness Statement:

On 23 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LCDR (b) (6) Position: Department Head, Operations

Command: Biological Defense Research Directorate, Naval Medical Research Center

Email Address: (b) (6) @mail.mil Phone(s): (b) (6)

I boarded the USS THEODORE ROOSEVELT (TR) on 11 March after arriving in Manilla on 8 March. Immediately after our team arrived on the TR, we set up our laboratory and were operational on 12 March.

Upon arrival, the SMO asked my team to re-screen the 39 sailors that had returned to the ship from the hotel in Da Nang, Vietnam that were thought to have had a potential COVID-19 virus exposure. We screened these sailors for the COVID-19 virus on 14 March using the research-use only COVID-19-specific test, which we ran on an Applied Biosystems Inc. (ABI) StepOne Plus instrument that we had brought aboard the ship. All 39 screened negative.

From that point forward and until 23 March when the first two COVID-19 positive cases were identified, individuals reporting to sick call with a temperature of $>100^{\circ}\text{F}$ (*See Note Below) and one or more influenza-like-illness (ILI) symptoms were subjected to a two-step testing algorithm. My team and I would first screen patients under investigation (PUIs) using the BioFire's Respiratory Panel-2 (RP2) to rule out the most common respiratory pathogens. Importantly, the RP2 did not have the ability to test for the COVID-19 virus. If a PUI tested positive for one of the common respiratory pathogens on the RP2, we would halt the testing at this stage, making the assumption that the pathogen identified on the RP2 was responsible for the PUIs symptoms and that he/she did not have a dual infection that included the COVID-19 virus. I recall screening between six and ten sailors using the RP2 between the time we arrived onboard and 23 March. In each of these cases, the PUI that was screened was positive for a common respiratory pathogen found on the RP2.

On the evening of 23 March, two sailors presented to sick call with ILI symptoms. While only one of the sailors met the temperature threshold, because of a high clinical index of suspicion, both were tested and found to be negative for all of the respiratory pathogens on the RP2. At that point, I made the decision to implement the second step in the two-step testing algorithm and test both sailors using the COVID-19 virus-specific test, which utilized the aforementioned ABI StepOne Plus instrument. Both sailors were found to be positive for the COVID-19 virus by this assay.

From my point of view, from the time of my team's arrival onboard the TR to the time when we identified the first two index cases of COVID-19 virus infection, the Medical Department of the TR acted appropriately in referring anyone with symptoms consistent with COVID-19 viral infection to my team

for testing. Again, the clinicians in the Medical Department referred all PUIs for testing if they met the clinical criteria that had been previously established (as outlined above) or if, based upon the clinician's judgement, there was a high clinical index of suspicion that would warrant testing. My team maintained a log, which catalogued each of the tests (i.e. BioFire RP2 and StepOne Plus COVID-19 virus assays) that we performed for the duration of our stay aboard the TR. To my knowledge, that log is still on the TR along with my team's laboratory gear, which was kept on the ship in the event that a second team was sent to the ship to continue COVID-19 testing.

In summary, I believe my team was well-integrated into the Medical Department and its clinicians utilized the added testing capability that my team brought to the TR to the greatest extent possible. Furthermore, the SMO involved me personally in meetings of senior Medical Department personnel and took into my consideration my advice, as a subject matter expert in diagnostic testing and infectious disease surveillance, in advising the CO.

*NOTE: Early on, there were discussions within the Medical Department about the temperature threshold and whether or not the threshold should be higher (i.e. 100.4°F) but the >100°F threshold remained reasonably constant.

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)



24 MAR 2020 08:23
(Date) Time

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SUBJ/VECTOR 15 FORCE HEALTH PROTECTION GUIDANCE FOR DEPARTMENT OF THE NAVY//

REF/A/MEMO/OSD/30JAN20//

REF/B/MEMO/OSD/07FEB20//

REF/C/MEMO/OSD/25FEB20//

REF/D/MEMO/OSD/11MAR20//

REF/E/MEMO/OSD/11MAR20//

REF/F/MEMO/JCS/06MAR20//

REF/G/GENADMIN/JCS/04FEB20//

REF/H/MEMO/OPM/03MAR20//

REF/I/NAVADMIN/OPNAV/033-20//

REF/J/NAVADMIN/OPNAV/058-20//

REF/K/NAVADMIN/OPNAV/039-20//

REF/L/MARADMIN/082-20//

REF/M/MARADMIN/150-20//

NARR/REF A IS MEMO FROM UNDERSECRETARY OF DEFENSE FOR PERSONNEL AND READINESS PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL RETURNING FROM CHINA DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) OUTBREAK. REF B IS SUPPLEMENT 1 TO REF A. REF C IS SUPPLEMENT 2 TO REF A. REF D IS SUPPLEMENT 4 TO REF A AND REF E. REF E IS MEMO FROM SECRETARY OF DEFENSE (SECDEF) PROVIDING GUIDANCE TO TRAVEL RESTRICTIONS FOR DEPARTMENT OF DEFENSE (DOD) COMPONENTS IN RESPONSE TO COVID-19. REF F IS A MEMO FROM DIRECTOR OF JOINT STAFF TO JOINT STAFF PERSONNEL. REF G IS THE JOINT STAFF GENERAL ADMIN ON THE COVID-19. REF H IS THE OFFICE OF PERSONNEL MANAGEMENT (OPM) PRELIMINARY GUIDANCE TO AGENCIES DURING COVID 19. REF I IS NAVADMIN 033/20, WHICH IS THE OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO COVID-19 OUTBREAK. REF J IS NAVADMIN 058/20 IS AN UPDATED NAVY GUIDANCE DURING THE COVID-19 OUTBREAK. REF K IS NAVADMIN 039/20 AN UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE COVID 19 OUTBREAK. REF L IS MARADMIN 082/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR

H-FOF-164

COVID-19. REF M IS MARADMIN 150/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR COVID-19; COMMANDERS RISK-BASED MEASURED RESPONSES.

RMKS/1. This ALNAV provides guidance to Department of the Navy (DON) personnel and commands on the COVID-19 outbreak and is subject to additional guidance provided by the SECDEF. Anticipate modifications to this policy over the next several weeks as more information becomes available. The COVID-19 outbreak continues, with the Centers for Disease Control and Prevention (CDC) reporting over 100,000 cases worldwide, to include over 1,000 cases in the United States.

2. Effective 13 March 2020, all DON personnel, including, active, reserve, civilian, and foreign military under DON authority, shall comply with this guidance to mitigate the risk of further transmission of COVID-19. Our priority is to ensure the welfare and safety of DON personnel and their families, and to ensure mission readiness and success.

3. Individual and Workplace Preventative Measures. During the COVID-19 outbreak, the DoD will continue to protect and preserve the operational effectiveness of forces worldwide in accordance with utilizing Force Health Protection Guidance (FHPG) from the Undersecretary of Defense for Personnel and Readiness provided in references (a) through (e), FHPG for the Joint Staff references (f) and (g), and preliminary Office of Personnel Management (OPM) guidance to agencies during COVID-19 reference (h). In accordance with references (a) and (d), the following guidelines will help minimize the spread of COVID-19:

- a. Appropriately wash hands with soap and water for at least 20 seconds. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
- b. Avoid touching eyes, nose, and mouth.
- c. Avoid close contact with those who are sick.
- d. Cover your cough or sneeze with a tissue or sleeve.
- e. Clean and disinfect frequently touched objects and surfaces using an appropriate disinfectant cleaning solution.
- f. Minimize large group meetings or gatherings and implement social distancing, by maintaining six feet or two meter distance from others when possible.
- g. Personnel who have symptoms of acute respiratory illness shall remain home until they are free of fever (100.4°F or 37.8°C or greater using an oral thermometer) without the use of medication.
- h. Personnel who arrive at work and appear to have acute respiratory illness symptoms will be separated from other employees and sent home. DON military and civilian employees should be placed on sick leave or annual leave or if able, allowed to telework if the employee is telework ready.

4. Official and Personal Travel:

- a. Official Travel: Effective immediately travel to, from, or through Outside the Continental United States (OCONUS) CDC Travel Health Notice (THN) level 3 locations is prohibited. Mission essential travel to locations other than CDC THN level 3 locations is permitted. Defer non-mission essential travel to all locations until further notice.
- b. Authority to Waive Policy: Waiver authority of the policies delineated in this guidance, when mission critical, is delegated to the Commandant of the Marine Corps (CMC) and Chief of Naval Operations (CNO), and/or their designees but not below the level of General Officer, Flag Officer, or Senior Executive Service for approval.
- c. Temporary Additional Duty (TAD) and Permanent Change of Station (PCS) Travel: All military and civilian personnel on TAD and PCS orders to, from, or through OCONUS CDC THN level 3 locations are on hold until further notice. Gaining and detaching commands should use authorities such as delay travel or temporary duty travel on a case-by-case basis in order to decrease the financial impact to Service Members delayed due to this policy. Service Members should be placed in a telework, sick-in-quarters, or other non-chargeable leave status for the duration of the hold.

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- d. DON Military Personnel: Personal or government-funded leave with travel to, from, or through OCONUS CDC THN level 3 locations is not authorized. Waiver authority designees may approve exceptions for personal travel to, from, or through OCONUS CDC THN level 3 locations.
- e. DON Civilian Employees: Official travel to, from, or through OCONUS CDC THN level 3 locations is not authorized for DoD civilian employees. DON civilian employees with approved leave to OCONUS CDC THN level 1, 2, or 3 may continue to travel to their desired locations but should be advised of the health risk they may assume and requirements outlined in paragraph 5. Upon return from approved leave, DON civilian employees who are telework ready may be asked to telework for 14 days or more in order to ensure they have not been exposed to the virus. Civilian personnel hiring actions for positions in CDC THN level 2 and level 3 designated locations are postponed for non-essential civilian personnel until restrictions are lifted.
- f. Family Members: Concurrent official travel for family members of Service Members and civilian personnel is denied to CDC THN level 2 and 3 locations for the next 60 days. Early return of dependent request process and approval authority remain consistent with current policies.
- g. Retiring or Separating Service Members Within the Next 60 Days: These restrictions do not apply to retiring or separating Service Members unless there is a need for self-quarantine per CDC guidelines.
- h. Waivers or Exemption: Individuals traveling under a waiver or exemption remain subject to travel screening protocols. Waivers may be granted, by waiver authority, for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; and (3) warranted due to extreme hardship. Waivers are to be done on a case by-case basis, shall be limited in number, and shall be coordinated between the gaining and losing organizations.
- i. DON travelers should carefully plan travel to ensure their scheduled flights do not transit through or originate in OCONUS CDC THN level 2 or 3 locations. Travel on military aircraft shall ensure a screening of personnel is conducted at the point of embarkation. At a minimum:
- (1) Questionnaire to assess risk of exposure;
 - (2) Temperature check; and
 - (3) Visual check for signs and symptoms of COVID-19.
- j. DON personnel traveling to or from a non-CDC THN level 2 or 3 location will inform their immediate supervisor of their travel itinerary and a history of all locations traveled through and visited.
- k. Transition to military or DoD contracted aircraft for DoD sponsored travelers coming from or going to CDC level 2 or 3 designated areas, to the greatest extent practical.

5. DON military and civilian personnel who have returned in the past 14 days from countries or areas identified as OCONUS CDC THN level 2 or 3 locations, or who have had close contact with someone with a confirmed infection of COVID 19, will immediately notify their supervisor following service specific guidelines: Navy see references (i) through (k) and Marine Corps see references (l) through (m). Minimum self-quarantine procedures must follow CDC issued guidelines at <https://www.cdc.gov/coronavirus/2019-ncov>. Civilians subject to quarantine who are telework ready may be asked to telework. Employees who are not telework ready may be granted weather and safety leave in accordance with OPM guidance.

6. Pursuant to DoD and service regulations and policies, commands will maximize the proportion of the workforce who may be eligible to perform their duties via telework by ensuring appropriate personnel have a completed telework agreement in place in accordance with command policy. Leadership will identify and inform all military and civilian personnel designated as mission essential who must report to duty during an outbreak.

7. Foreign Visits: Consistent with Joint Chiefs of Staff policy, all foreign visits are cancelled until further notice. Exceptions may be granted by CMC, CNO, and/or their designated representative(s).

8. All daily reporting requirements outlined in the above references will be followed unless modified or cancelled by the appropriate organization.

9. Released by the Honorable Thomas B. Modly, Acting Secretary of the Navy.//

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**PROCLAMATIONS**

Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak

Issued on: March 13, 2020



In December 2019, a novel (new) coronavirus known as SARS-CoV-2 ("the virus") was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. I have taken sweeping action to control the spread of the virus in the United States, including by suspending entry of foreign nationals seeking entry who had been physically present within the prior 14 days in certain jurisdictions where COVID-19 outbreaks have occurred, including the People's Republic of China, the Islamic Republic of Iran, and the Schengen Area of Europe. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic, as the rates of infection continue to rise in many locations around the world and across the United States.

The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. Pursuant to this declaration, I direct as follows:

Section 1. Emergency Authority. The Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak.

Sec. 2. Certification and Notice. In exercising this authority, the Secretary of HHS shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

Sec. 3. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

- (i) the authority granted by law to an executive department or agency, or the head thereof; or
- (ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP

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SUBJ/ OFFICIAL AND PERSONAL DOMESTIC TRAVEL FORCE HEALTH PROTECTION GUIDANCE
FOR DEPARTMENT OF THE NAVY (CONUS TRAVEL GUIDANCE)//

REF/A/MEMO/OSD/13MAR20//

REF/B/MEMO/OPM/03MAR20//

REF/C/NAVADMIN/OPNAV/033-20//

REF/D/NAVADMIN/OPNAV/058 20//

REF/E/NAVADMIN/OPNAV/039-20//

REF/F/MARADMIN/082 20//

REF/G/MARADMIN/150-20//

NARR/REF A IS MEMO FROM DEPUTY SECRETARY OF DEFENSE (DEPSECDEF) PROVIDING FORCE HEALTH PROTECTION GUIDANCE FOR PERSONNEL WITHIN THE CONTINENTAL UNITED STATES (CONUS) DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) OUTBREAK. REF B IS THE OFFICE OF PERSONNEL MANAGEMENT (OPM) PRELIMINARY GUIDANCE TO AGENCIES DURING COVID-19. REF C IS NAVADMIN 033/20, WHICH IS THE OPNAV REPORTING GUIDANCE SUPPORTING DOD RESPONSE TO COVID-19 OUTBREAK. REF D IS NAVADMIN 058/20 IS AN UPDATED NAVY GUIDANCE DURING THE COVID-19 OUTBREAK. REF E IS NAVADMIN 039/20 AN UPDATED DOD GUIDANCE FOR MONITORING PERSONNEL RETURNING FROM CHINA DURING THE COVID 19 OUTBREAK. REF F IS MARADMIN 082/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR COVID-19. REF G IS MARADMIN 150/20 THE U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR COVID-19; COMMANDERS RISK-BASED MEASURED RESPONSES.

RMKS/1. This ALNAV provides an update and guidance to Department of the Navy (DON) personnel and commands on the COVID-19 outbreak on domestic travel restrictions and is subject to additional guidance provided by the Office of the Secretary of Defense (OSD) regarding continental United States and its territories. Anticipate modifications to this policy over the next several weeks as additional information becomes available. The COVID-19 outbreak continues, with the Centers for Disease Control and Prevention (CDC) reporting sustained community spread in the United States.

2. Effective 16 March 2020 through 11 May 2020, all DON personnel and their families, including, active, reserve, civilian, and foreign military under DON authority assigned to Department of Defense (DoD) installations,

H-FOF-166

facilities, and surrounding areas in the United States and its territories shall comply with this guidance to mitigate the risk of further transmission of COVID-19. Our priority is to ensure the welfare and safety of DON personnel and their families, and to ensure mission readiness and success.

3. Official and Personal Travel:

a. DON Military Personnel: All DON military personnel will stop movement until 11 May 2020. Stop movement means to hold in place, this includes Permanent Change of Station (PCS) and Temporary Duty (TAD/TDY). Only local leave is authorized. Local leave for military members will be in accordance with Service policy, which may be informed by local community conditions.

b. DON Civilian Employees: All DON civilian employees, whose transportation is government-funded, will stop movement. DON civilian employees are strongly encouraged to avoid personal leave outside the local area. Upon return from approved leave outside the local area, DON civilian employees may be asked to telework or exercise leave options as appropriate. DON may continue hiring actions, but may only onboard civilian employees in the local commuting area.

c. DON Family Members: All DON family members, whose transportation is government-funded, will stop movement.

d. Authority to Waive Policy: Waiver authority of the policies delineated in this guidance, when mission critical, is delegated to the Commandant of the Marine Corps (CMC) and Chief of Naval Operations (CNO), or their designees but not below the level of General Officer, Flag Officer, or Senior Executive Service member for approval.

e. Retiring or Separating Service Members: These restrictions do not apply to retiring or separating Service Members who are exempt from this policy.

f. Exceptions: Travel by patients and medical providers for the purpose of medical treatment for DON personnel and their family members is authorized. Individuals who have already initiated travel (including intermediate stops) are authorized to continue to their final destination. Individuals whose TAD or TDY ends while this guidance is in effect are authorized to return to their home station.

g. Waivers: Waivers may be granted, by waiver authority, for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; and (3) warranted due to extreme hardship. Waivers are to be done on a case-by-case basis, shall be limited in number, and shall be coordinated between the gaining and losing organizations.

4. Released by the Honorable Thomas B. Modly, Acting Secretary of the Navy.//

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R 142000Z MAR 20 MID110000470190U
FM CNO WASHINGTON DC
TO NAVADMIN
INFO SECNAV WASHINGTON DC
CNO WASHINGTON DC
BT
UNCLAS

NAVADMIN 065/20

PASS TO OFFICE CODES:
FM CNO WASHINGTON DC//CNO//
INFO SECNAV WASHINGTON DC//CNO//
MSGID/NAVADMIN/CNO WASHINGTON DC/CNO/MAR//

SUBJ/NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 1//

REF/A/NAVADMIN/122210ZMAR20//
REF/B/MEMO/OSD/13MAR2020//
REF/C/ALNAV/SECNAV/025-20//
REF/D/MEMO/OSD/11MAR2020//
REF/E/ALNAV/SECNAV/026-20//

NARR/ REF A IS NAVADMIN 064/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK FOR OVERSEAS TRAVEL.
REF B IS MEMO FROM SECRETARY OF DEFENSE FOR STOP MOVEMENT FOR ALL DOMESTIC TRAVEL FOR DOD COMPONENTS IN RESPONSE TO CORONAVIRUS DISEASE 2019.
REF C IS ALNAV 025/20, VECTOR 15 FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF THE NAVY.
REF D IS MEMO FROM OUSD PR ON FORCE HEALTH PROTECTION GUIDANCE (SUPPLEMENT 4).
REF E IS ALNAV 026/20, OFFICIAL AND PERSONAL DOMESTIC TRAVEL FORCE HEALTH PROTECTION GUIDANCE FOR THE DEPARTMENT OF THE NAVY (CONUS TRAVEL GUIDANCE).//

POC/RADM KARL THOMAS/OPNAV N3N5B/703-692- 9291/ KARL.O.THOMAS1(AT)NAVY.MIL/
RADM JEFFREY JABLON/OPNAV N13/703-604- 5040/ JEFFREY.JABLON(AT)NAVY.MIL/ RADM
GAYLE SHAFFER/OPNAV N093B/703 697 7399/ GAYLE.D.SHAFFER2.MIL(AT)MAIL.MIL//

RMKS/1. THIS NAVADMIN SUPPLEMENTS GUIDANCE IN REFERENCE (A) AND ANNOUNCES DOMESTIC TRAVEL AND MOVEMENT RESTRICTIONS TO MITIGATE THE SPREAD OF COVID-19 THROUGHOUT THE NAVY, AS OUTLINED IN REFERENCE (B).
IT AMPLIFIES GUIDANCE IN REFERENCES (B), (C), AND (E) FOR NAVY MILITARY MEMBERS, NAVY CIVILIANS, AND THEIR FAMILIES. AUTHORIZED TRAVELERS WILL ADHERE TO THE FORCE HEALTH PROTECTION GUIDELINES IN REFERENCE (D) AND LATER GUIDANCE, IF ANY.

2. MISSION. ALL COMMANDS WILL TAKE SPECIFIC ACTIONS TO MITIGATE THE SPREAD OF COVID-19 WORLDWIDE AND ADHERE TO THE POLICIES AND REPORTING REQUIREMENTS CONTAINED IN REFERENCE (A) AND THIS NAVADMIN.

3. POLICY. THIS NAVADMIN APPLIES TO ALL NAVY MILITARY AND CIVILIAN PERSONNEL AND THEIR FAMILIES ASSIGNED TO DOD INSTALLATIONS, FACILITIES, AND SURROUNDING AREAS IN THE UNITED STATES AND ITS TERRITORIES. IN ORDER TO MAINTAIN FORCE HEALTH PROTECTION, READINESS OF THE FORCE AND MITIGATE THE RISK OF TRANSMISSION AMONG PERSONNEL, THE SECRETARY OF DEFENSE DIRECTED A STOP MOVEMENT. REFERENCE (A) DIRECTED A STOP MOVEMENT FOR PERSONNEL MOVING TO, THROUGH OR FROM A CDC LEVEL 3 DESIGNATED COUNTRY OR AREA. DUE TO THE SPREAD OF THE COVID-19 VIRUS THROUGHOUT AREAS OF CONUS, REFERENCE (B) FURTHER RESTRICTS ALL MOVEMENTS, TO INCLUDE WITHIN CONUS, EFFECTIVE 16 MARCH 2020. THIS POLICY APPLIES TO UNIFORMED SERVICE MEMBER AND NAVY CIVILIAN PERMANENT CHANGE OF STATION (PCS) AND TEMPORARY DUTY TRAVEL. IN ADDITION, NAVY CIVILIAN PERSONNEL AND NAVY FAMILY MEMBERS, WHOSE

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TRANSPORTATION IS GOVERNMENT-FUNDED, WILL ALSO STOP MOVEMENT. UNTIL THE DOMESTIC TRAVEL RESTRICTIONS PRESCRIBED ABOVE ARE LIFTED, NAVY COMMANDS MAY ONLY GAIN/ONBOARD CIVILIAN EMPLOYEES WITHIN THE LOCAL COMMUTING AREA. NAVY MILITARY MEMBERS ARE AUTHORIZED LEAVE IN ONLY LOCAL AREAS. GUIDANCE REGARDING CIVILIAN LEAVE WILL BE ISSUED BY THE DEPARTMENT OF THE NAVY. THE FOLLOWING EXCEPTIONS APPLY: (1) TRAVEL BY PATIENTS AND MEDICAL PROVIDERS FOR THE PURPOSE OF MEDICAL TREATMENT FOR NAVY PERSONNEL AND THEIR FAMILY MEMBERS IS AUTHORIZED; (2) INDIVIDUALS WHO HAVE ALREADY INITIATED PCS OR TDY TRAVEL (INCLUDING INTERMEDIATE STOPS) ARE AUTHORIZED TO CONTINUE TO THEIR FINAL DESTINATION; (3) INDIVIDUALS WHOSE TDY AND/OR LEAVE ENDS WHILE THIS NAVADMIN IS IN EFFECT ARE AUTHORIZED TO RETURN TO THEIR HOME STATION AT THE END OF THEIR TDY/LEAVE PERIOD; (4) INDIVIDUALS PENDING RETIREMENT OR SEPARATION DURING THIS PERIOD ARE EXEMPT. THIS STOP MOVEMENT WILL REMAIN IN EFFECT UNTIL 11 MAY 2020.

3.A. PERMANENT CHANGE OF STATION (PCS). SERVICE MEMBERS AND DEPENDENTS UNDER PCS ORDERS WHO HAVE NOT YET INITIATED TRAVEL WILL ADHERE TO THE FOLLOWING GUIDANCE.

3.A.1. SERVICE MEMBERS WHO HAVE NOT YET INITIATED PCS TRAVEL AS OF THE EFFECTIVE DATE OF THIS NAVADMIN ARE DIRECTED TO CONTACT NAVY PERSONNEL COMMAND (NPC) FOR FOLLOW-ON GUIDANCE PER PARAGRAPH 5.A. NPC IS STANDING BY TO ADDRESS EACH SPECIFIC CASE AND WILL AUTHORIZE ENTITLEMENTS BASED ON CURRENT LOCATION AND SITUATION.

3.A.2. FOR SERVICE MEMBERS WHO HAVE ALREADY INITIATED PCS TRAVEL, DETACHING AND GAINING COMMANDS SHALL MAKE EVERY EFFORT TO CONTACT THOSE SERVICE MEMBERS TO ADVISE THEM OF THE CONTENTS OF THIS MESSAGE.

3.A.3 A LOCAL PCS MOVE THAT DOES NOT INVOLVE TRAVEL WILL BE EVALUATED BY NPC ON A CASE BY CASE BASIS WITH RESPECT TO THE IMPACT ON THE OPERATIONAL READINESS OF THE DETACHING AND GAINING COMMANDS.

3.B. OTHER OFFICIAL TRAVEL (MEETINGS, CONFERENCES, SITE VISITS, ETC). ALL OTHER OFFICIAL TRAVEL BY SERVICE MEMBERS AND NAVY CIVILIANS IS PROHIBITED AND WILL REQUIRE AN EXCEPTION IAW PARAGRAPH

3.E. NAVY RESERVE PERSONNEL WILL FOLLOW GUIDANCE PROMULGATED BY THE CHIEF OF NAVY RESERVES.

3.C. TRAVEL FOR OFFICIAL TRAINING.

3.C.1. SERVICE MEMBERS AND NAVY CIVILIANS TRAVELING TO ATTEND FORMAL TRAINING, TO INCLUDE ACCESSIONS TO RECRUIT TRAINING COMMAND OR OFFICER TRAINING COMMAND, AND WHO HAVE NOT YET INITIATED TRAVEL, WILL REQUIRE AN EXCEPTION IAW PARAGRAPH 3.E.

3.C.2. SERVICE MEMBERS AND NAVY CIVILIANS WHO HAVE ALREADY INITIATED TRAVEL FOR TRAINING ARE AUTHORIZED TO COMPLETE TRAINING, INCLUDING INTERMEDIATE STOPS, AND CONTINUE TO THEIR FINAL DESTINATION.

3.D. PERSONAL LEAVE AND LIBERTY FOR SERVICE MEMBERS. COMMANDING OFFICERS AND OFFICERS IN CHARGE MAY AUTHORIZE LOCAL LEAVE IAW COMMAND POLICY. LEAVE OR PERSONAL TRAVEL OUTSIDE OF THE LOCAL AREA, AS DEFINED BY COMMANDING OFFICERS AND OFFICERS IN CHARGE, REQUIRES AN EXCEPTION AS OUTLINED IN PARAGRAPH 3.E. APPROVAL AUTHORITY FOR LEAVE REQUESTS INVOLVING TRAVEL OUTSIDE OF THE LOCAL AREA IS THE FIRST FLAG OFFICER OR SES IN THE CHAIN OF COMMAND, FOR BOTH UNIFORMED SERVICE MEMBERS AND NAVY CIVILIANS. FOR THOSE MEMBERS CURRENTLY ON LEAVE, COMMANDING OFFICERS OR OFFICERS IN CHARGE ARE DELEGATED AUTHORITY TO TERMINATE LEAVE EARLY OR ALLOW COMPLETION OF LEAVE AS AUTHORIZED BASED ON LOCATION, DURATION AND RISK TO SERVICE MEMBER.

3.E. EXCEPTIONS. COMMANDING OFFICERS AND OFFICERS IN CHARGE MAY REQUEST AN EXCEPTION TO PARAGRAPHS 3.A. THROUGH 3.D. IN THE FOLLOWING CASES: (1) DETERMINED TO BE MISSION ESSENTIAL, (2) NECESSARY FOR HUMANITARIAN REASONS, OR (3) WARRANTED DUE TO EXTREME HARDSHIP. MISSION-ESSENTIAL TRAVEL REFERS TO WORK THAT MUST BE PERFORMED TO ENSURE THE CONTINUED OPERATIONS OF MISSION ESSENTIAL FUNCTIONS, AS DETERMINED BY THE COMMANDING OFFICER OR OFFICER IN CHARGE.

3.E.1. NAVY PERSONNEL COMMAND (PERS-4) IS AUTHORIZED TO APPROVE OR DENY STOP MOVEMENT EXCEPTIONS FOR PCS TRAVEL IN PARAGRAPHS 3.A. AND 3.C. APPROVALS OF EXCEPTION REQUESTS SHALL BE MADE VIA MESSAGE TRAFFIC TO ALL CONCERNED AND WILL SPECIFY WHETHER DEPENDENTS ARE AUTHORIZED TO ACCOMPANY THE SERVICE MEMBER. DETACHING COMMANDER'S ENDORSEMENT IS REQUIRED.

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UPON RECEIPT OF AN APPROVED EXCEPTION, TRANSACTION SERVICE CENTER OR PERSONNEL SUPPORT DETACHMENT/PERSONNEL OFFICES WILL PROCESS THE SERVICE MEMBER FOR TRANSFER TO THE GAINING COMMAND.

SEND ALL EXCEPTION REQUESTS TO PERS451(AT)NAVY.MIL WITH THE

SUBJECT LINE PCS EXCEPTION REQUEST. EXCEPTION REQUEST FORMATS WILL BE PROVIDED BY PERS 4 AND POSTED ON MYNAVY PORTAL.

SERVICE MEMBERS WHO ARE GRANTED AN EXCEPTION WILL RECEIVE GUIDANCE FROM NPC CONCERNING NAVY COMPONENT COMMANDER

PRE- AND POST- TRAVEL MEDICAL SCREENING AND RECEPTION PROCEDURES.

3.E.2. THE FIRST FLAG OFFICER OR SES IN THE CHAIN OF COMMAND IS AUTHORIZED TO APPROVE OR DENY STOP MOVEMENT EXCEPTIONS FOR BOTH UNIFORMED SERVICE MEMBERS AND NAVY CIVILIANS, IN THE CASES

OF: (1) OFFICIAL TRAVEL IN PARAGRAPH 3.B.; (2) FOR OFFICIAL TRAINING, NOT ASSOCIATED WITH A PCS, IN PARAGRAPH 3.C.; (3) AND FOR LEAVE REQUESTS THAT INCLUDE TRAVEL OUTSIDE OF THE LOCAL AREA IN PARAGRAPH 3.D. SERVICE MEMBERS AND NAVY CIVILIANS WHO ARE GRANTED AN EXCEPTION WILL COMPLY WITH THE NAVY COMPONENT COMMANDER'S GUIDANCE CONCERNING PRE- AND POST-TRAVEL SCREENING AND RECEPTION PROCEDURES.

3.F. HOLDING CONFERENCES. AS DISCUSSED IN REFERENCE (A), ANYTHING OTHER THAN VIRTUAL CONFERENCES ARE STRONGLY DISCOURAGED.

FURTHER GUIDANCE REGARDING CONFERENCES IS CONTAINED IN REFERENCE (A).

3.G. POST TRAVEL PROCEDURES. PER REFERENCE (D), COMMANDERS SHALL IDENTIFY AND TRACK ALL SERVICE MEMBERS WHO TRAVEL OR HAVE A HISTORY OF TRAVEL IN THE PRIOR 14 DAYS. THIS INCLUDES TRAVEL BY MILITARY OR COMMERCIAL MEANS AS WELL AS PRIVATE CONVEYANCE AND INCLUDES ALL FORMS OF TRAVEL TO INCLUDE PCS, TEMPORARY DUTY, AND LEAVE. COMMANDERS SHALL ENSURE SERVICE MEMBERS IMPLEMENT THE ACTIONS SPECIFIED IN REFERENCE (D).

4. REGULAR REPORTING. REFER TO REFERENCE (A).

5. POINTS OF CONTACT.

5.A SAILOR SUPPORT. SERVICE MEMBERS WITH QUESTIONS REGARDING THIS STOP MOVEMENT OR ENTITLEMENTS FOR PCS TRAVEL SHOULD CONTACT MYNAVY CAREER CENTER (1-833-330-6622) OR EMAIL ASKMNCC(AT)NAVY.MIL.

DETAILERS ARE READY TO SUPPORT ALL ORDER MODIFICATIONS AND COMMANDS SHOULD WORK WITH THEIR PLACEMENT OFFICERS.

5.B. MEDICAL QUESTIONS. BUMED WATCH: 703-681-1087/1125 OR NIPR EMAIL:USN.NCR.BUMEDFCHVA.LIST.BUMED---2019-NCOV-RESPONSE-CELL(AT)MAIL.MIL.

5.C. REPORTING REQUIREMENTS. OPNAV BATTLE WATCH CAPTAIN AT 703 692 9284, DSN 222-9284 OR BWC.PTGN(AT)NAVY.MIL.

6. OUR UNDERSTANDING OF COVID-19 IS RAPIDLY EVOLVING AND THIS GUIDANCE WILL BE CONTINUOUSLY EVALUATED AS CONDITIONS WARRANT.

WE RECOGNIZE THIS STOP MOVEMENT WILL PLACE A STRAIN ON OUR FORCE, BUT IT IS NECESSARY TO PRESERVE OUR ABILITY TO CONDUCT OUR MISSION.

LOCAL COMMANDERS ARE EXPECTED TO EXERCISE PRUDENT JUDGEMENT WHEN DETERMINING MISSION ESSENTIAL TRAVEL AND GRANTING WAIVERS OR EXCEPTIONS. THE EXPECTATION IS THAT THESE EXCEPTIONS ARE DONE ON A CASE BY CASE BASIS AND THAT THEY ARE LIMITED IN NUMBER.

THE ENTIRE TEAM MUST UNDERSTAND THE IMPORTANCE OF MINIMIZING SPREAD OF CORONAVIRUS AMONG OUR RANKS. EARLY INTERVENTION AND PREVENTION DURING THE SPREAD OF THE CORONAVIRUS WILL MINIMIZE IMPACT TO OUR FORCE AND MAXIMIZE READINESS FOR FUTURE EVENTS. THE NAVY WILL REMAIN FOCUSED ON MEETING OUR GLOBAL COMMITMENTS WHILE ALSO ENSURING THE HEALTH AND WELL-BEING OF OUR SERVICE MEMBERS, NAVY CIVILIANS AND OUR FAMILIES.

7. RELEASED BY ADM R. P. BURKE, VICE CHIEF OF NAVAL OPERATIONS.//

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U.S. Embassy & Consulate
in Vietnam

COVID-19 Information

(Updated May 22, 2020)

Most Important Updates for U.S. Citizens

* On May 18, Vietnam's Ministry of Public Security (MPS) announced a new policy that provides an automatic extension of temporary stay for foreigners in certain qualifying groups with plans to depart Vietnam. U.S. citizens and other foreign nationals who entered Vietnam with a visa exemption certificate, e-visa, or tourist visa **on or after March 1, 2020**, will be granted an automatic extension of stay through **June 30, 2020**, and may exit Vietnam during this period without having to apply for an extension of stay. U.S. citizens and other foreign nationals who entered Vietnam **before March 1, 2020**, may be considered for an automatic extension through **June 30, 2020**, provided that they can provide proof that they have been stranded in Vietnam due to COVID-19 mandatory quarantine, treatment, or other reasons beyond their control by presenting an exit letter from their Embassy or Consulate about their situation. They must present these documents upon exiting Vietnam. For further information, please [click here](#).

* The Vietnamese government announced that **non-essential businesses**, except for discotheques and karaoke lounges, **may reopen**. **Schools have also reopened**. For further details, please see the Vietnamese government's website [here](#).

* The Vietnamese government is still **suspending entry into Vietnam to all foreigners**, including people with a Vietnamese visa exemption certificate. Only Vietnamese nationals, foreigners on diplomatic or official business, and highly skilled workers are allowed to enter the country at this time. All persons entering Vietnam must undergo medical checks and 14-day quarantine upon arrival. Please see "Entry and Exit Requirements" and "Quarantine Information in Vietnam" below for more details.

* The U.S. has **temporarily closed** several **passport print centers** as part of public health measures to prevent the spread of COVID-19. As a result, U.S. **passport applications submitted after April 2 will be significantly delayed**. The U.S. Embassy and Consulate in Vietnam will continue to issue Emergency Photo Digitized Passports (EPDP) locally for U.S. citizens with urgent need to travel. Further information can be found [here](#).

* **U.S. Secretary of State Michael R. Pompeo urged U.S. citizens** interested in returning to the United States during the outbreak of COVID-19 **to make immediate use of available commercial flight options**, as the number of locations in need of assistance around the world may not allow for a charter option. For those wishing to depart Vietnam, **international flights are presently very limited**. Additional information regarding flights departing Vietnam can be found [here](#).

* The U.S. Embassy and Consulate **cannot intervene in the quarantine rules established by the Vietnamese government**, and **may not** issue any documentation requesting the Vietnamese government to **waive the quarantine requirements for U.S. citizens**. Please also note that the Vietnamese government has imposed strict penalties on violations. For further details, please see [“Question: What can you do for me if I’m forced into quarantine?”](#) on our Frequently-Asked-Questions page [here](#).

* **The U.S. Department of State’s Global Level 4 Health Advisory applies to, and includes, Vietnam**. On March 19, the Department of State implemented a [Global Level 4 Health Advisory](#) advising U.S. citizens to avoid all international travel due to the global impact of COVID-19.

* **Any travelers experiencing symptoms of the COVID-19 virus** — fever, cough and difficulty breathing — or those concerned they may have been exposed to the virus **should call Vietnam’s health hotline right away: 19003228** (Vietnamese language only – if necessary, please try to have a Vietnamese speaker help connect you with the operator of this hotline).

Country-Specific Information for Vietnam:

* Vietnam has had 324 confirmed cases of COVID-19 within its borders since the virus first became known.

- 266 people have recovered and were released from the hospital.
- 58 cases are being isolated for treatment.

It has been 36 days without any cases of community transmission in Vietnam; the most recent 57 confirmed cases are all people who arrived in Vietnam with COVID-19 and (like all arrivals) were sent immediately to centralized quarantine. For further details please see the Vietnamese Ministry of Health website [here](#).

* **All people in Vietnam must wear face masks in public places such as supermarkets, bus stations, airports**, and on all **means of public transport**. U.S. citizens should be aware that they may be denied entry, fined, or detained if they do not have a mask. All travelers on domestic and international flights must wear face masks during the flight and while at the airport.

* Domestic airline and railway transportation has been allowed to ease restrictions. More daily flights and trains within Vietnam are now available. Please visit their websites or contact your ticketing agencies if you have further questions.

Entry and Exit Requirements:

* The Government of Vietnam has not lifted the suspension of entry for foreigners, including people with a Vietnamese visa exemption certificate. Vietnamese authorities have not announced a potential date to allow foreigners to enter Vietnam again. This policy, which went into effect on March 22, has limited exemptions for diplomatic, official duty, and special cases, including experts, business managers, high-tech workers, and other essential categories as determined by the Government of Vietnam. U.S. citizens may read the original announcement [here](#). Additional health restrictions still apply for any foreign travelers in an exempted category allowed to enter Vietnam by local immigration authorities, including a mandatory two-week quarantine period and potential COVID-19 testing. U.S. Embassy Hanoi and Consulate General Ho Chi Minh City remind U.S. citizens that the [U.S. Department of State's Global 4 Health Advisory](#) still applies, and U.S. citizens are advised to avoid all international travel unless absolutely necessary.

* The Vietnamese government recommends that all persons who have entered Vietnam (including Vietnamese citizens and foreigners) **from March 1 until the present should:** **1)** Complete the medical declaration form [here](#); **2)** Implement 14-day self-quarantine at home (if not yet subject to concentrated quarantine) and limit contact with others after the 14-day period; **3)** Wear face masks, wash hands with soap or antiseptic alcohol, and take other preventive measures; and **4)** Contact the nearest health facility for advice and support.

* **Health declaration is mandatory for all passengers entering Vietnam**, which can be done by completing a paper form on arrival or a digital form online before the trip [here](#). Travelers should contact their airlines directly for information.

Quarantine Information in Vietnam:

* The Government of Vietnam began a **COVID-19 testing campaign** for all **people who have arrived** from outside the country **since March 8, 2020**. The U.S. Embassy and Consulate **advise U.S. citizens to comply with testing**. Seek medical care right away if you believe you may have COVID-19 (or similar symptoms) or were exposed to someone who may have COVID-19 in the last six weeks.

* Travelers entering Vietnam, including Vietnamese nationals, have been subjected to **mandatory, centralized quarantine for 14 days**. This quarantine requirement has in some cases been prolonged to more than 14 days when deemed necessary by the authorities. Quarantine sites in Vietnam may be uncomfortable and may have only rudimentary facilities.

* The U.S. Embassy and Consulate **cannot intervene in the quarantine rules established by the Vietnamese government**, and **may not** issue any documentation requesting the Vietnamese government to **waive the quarantine requirements for U.S. citizens**. For further details, please see [*"Question: What can you do for me if I'm forced into quarantine?"*](#) on our Frequently-Asked-Questions page here.

Local Resources:

- * [View U.S. Mission to Vietnam's Most Recent Alerts](#)
- * [Airline Departure Information](#)
- * [Flight and Other Departure Assistance Frequently Asked Questions \(FAQs\)](#)
- * [Information for U.S. Citizens on Visas for Vietnam](#)
- * [Online Health Declaration Form](#) (available in Vietnamese, English, and several other languages)
- * [InfoGraphics by Vietnam News Agency](#) (including useful infographics for Vietnamese most updated policies)
- * [Vietnam's Ministry of Health COVID-19 Web Page](#)
- * [Vietnam's National Hospital for Tropical Diseases](#)
- * [National Hospital for Tropical Diseases ten useful Q and A's about the outbreak](#)
- * [Vietnam official travel website](#) (run by the Ministry of Tourism). Travel Advisory button on the top will direct here.
- * [Vietnam Tourism website](#) (offers news rather than advisories)
- * [Ministry of Foreign Affairs \(MFA\) Consular Department](#) (Vietnamese only) (on the right side).
- * [MFA Travel restriction announcement](#) (Vietnamese)

Other links:

- * [COVID-19 crisis page on travel.state.gov](#)

* [CDC page on COVID-19](#)

* [state.gov Country Information and Travel Advisory page](#)

* [List of clinics and hospitals in Vietnam \(U.S. Mission Vietnam's website\)](#)

This is the official website of the U.S. Embassy and Consulate in Vietnam. External links to other Internet sites should not be construed as an endorsement of the views or privacy policies contained therein.



Release

IMMEDIATE RELEASE

Statement by Department of Defense on Additional Access Restrictions for the Pentagon Reservation

MARCH 23, 2020

Today the Secretary of Defense announced that the Health Protection Condition for the Pentagon Reservation has increased to **CHARLIE**, effective immediately. Additionally, the HPCON for the Armed Forces Retirement Homes has increased to **DELTA**.

With the change to HPCON CHARLIE, the following changes will take effect at noon, Tuesday, March 24, 2020:

The following entrances at the Pentagon building will be closed until further notice:

- Metro Entrance Facility
- Visitor Screening Facility (official visitors will be processed through Corridor 2 Entrance)
- Corridor 5 Entrance
- Library & Conference Center
- Pentagon Athletic Center Entrance
- Mall Vehicle Annex Access Point

- Memorial Gate Vehicle Access Point
- River Pedestrian Booth (Press/Overflow Parking)

The following entrances will remain open:

- Mall Entrance (open 24/7)
- Corridor 2 Entrance (open 24/7)
- Corridor 8 Entrance (open 6:00 am – 8:00 pm)
- River Entrance (open 05:00 am - 8:00 pm, Monday - Friday)
- River Vehicle Access Point (Open 24/7)
- North Rotary & Fern Vehicle Access Point (open 24/7)
- A&E Drive Vehicle Access Point (open 24/7)
- Boundary Channel Drive Vehicle Access Point (open 24/7)
- Heating & Refrigeration Plant Vehicle Access Point (open 24/7)
- North Village Vehicle Access Point (open 6:00 am - 2:00 pm Monday - Friday)

At the Mark Center, all posts, vehicle access point, and North Garage entrances will be open and operating on current scheduled hours.

DOD remains committed to protecting our people, maintaining mission readiness, and supporting the whole-of-government effort response to COVID-19.

We ask our people to take actions to protect themselves and those around them by employing protective measures, including practicing good hand washing, social distancing, and taking appropriate actions if feeling sick now. These can dramatically decrease the risk of infection and slow COVID-19's spread.

For more information on Pentagon Reservation, visit <https://www.whs.mil/Coronavirus/>

We encourage all DOD personnel to visit <https://www.defense.gov/Explore/Spotlight/Coronavirus> for information on staying healthy during the outbreak.

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Time	Date	Last name	First name	Dept	Div	J Dial	Symptoms	temp	note.
1300	03 MAY 20	(b) (6)		Rx	RC	(b) (6)	Sore throat x/day SORETHROAT SHORTNESS OF CHILLS, HOT FLASHES BREATHE x/day	97.7	
1301	03 MAY 20			WEPG	G-4			97.9	
1315	03 MAY 20			WEPG	G-4		Cough	98.1	
1300	04 MAY 20			310	VFA-119		Sore throat 2 days	98.0	
1300	04 MAY 20			HSC-8	HSC-8		Sore throat, body aches	97.9	
1300	04 MAY 20			Deck	1st		SOB headaches	98.1	
1305	04 MAY 20			Deck	2nd		chills, aches, CP, SOB	96.4	
1305	04 MAY 20			Deck	1st		Abd pain	98.4	
1310	04 MAY 20			ATMD	EM-2		HA, Body aches, sore throat	98.4	
1327	04 MAY 20			VAN/15			Sore throat HEADACHE 2	97.7	
1345	04 MAY 20			AIR	V-4		runny nose / headache		
1053	05 MAY 20			HSC-8	HSC-8		cough / chest congestion	97.2	
1054	05 MAY 20			INT	QC		headache	97.7	
1300	05 MAY 20			A/C	VFA-119		COUGH	97.3	gave cepral cough x 1 month
1300	05 MAY 20			Rx	RM		HEADACHE / NAUSEA	97.7	
1310	05 MAY 20			HSM-75	HSM-75		HEADACHE	97.5	
1310	05 MAY 20			TRNG	TX		chills Body aches Sore throat Fatigue	97.5	
1315	05 MAY 20			VFA-119	MAINT		HEADACHE / NAUSEA	97.7	
1315	05 MAY 20			CSD	CS3		HEADACHE	97.5	
1317	05 MAY 20			SUPPLY	HSM-75		HEADACHE	97.5	C/U - no longer having HA
1320	05 MAY			CSG-1/NZ	NZ		SOB / HEADACHE	98.4	
1325	05 MAY			VFA-119	QZ		HEADACHE	97.3	Yes still have
1326	05 MAY			RX	RM		SORE THROAT	98.1	
1326	05 MAY			HSM-75	MAINT		HEADACHE	97.5	
1405	05 MAY			HSM-75	MAINT		COUGH	97.7	APRIL 12TH, COUGH STARTED, PREVIOUSLY DOC.
1431	05 MAY			AIR/V5	V5		HEADACHE, LOATH, NAUSEA stuffy nose x month cough x 2 weeks headache x 1 day	97.9	
1519	05 MAY			WEP	62				
1305	06 MAY 20			C	"		Sore throat x 3 days	97.5	Congestion (nasal) 05 MAY 20
1309	06 MAY 20			AD	"		Fatigue, headache	98.3	
1312	06 MAY 20			ATMD	143/S-		HA, cough, body aches	97.1	
1315	06 MAY 20			"	"		HA	92.1	

Time	Date	Last name	first name	Dept	Div	J dial	Symptoms	temp	note
1338	6 MAY 20			S-2	SUPPLY		body aches, HA, SOB	98.3	
	6 MAY 20				HSM-75		Headache	98.5	Hx of HA seeing LT stilo
1347	6 MAY 20			Air	V-4		Sore throat x 2 day / headache	97.5	04 MAY 20
	6 MAY			OPS	01		diarrhea / headaches		05 MAY 20 / 04 MAY 20
1350	6 MAY			110	VAQ-142		abdominal pain / diarrhea		06 MAY 20
1530	6 MAY			S-13	Sup		myalgia / body aches / abdominal pain		
	6 MAY			HSM-75			head injury	98.9	got hit on head by door
1302	7 MAY			VFA-31	ADMIN		Headache		
1302	7 MAY			God	God		sore throat / congestion	98.2	
1313	7 MAY			OPS	01		stomach ache / Diarrhea		
1315	7 MAY			OPS	OC		Sore Throat / headache		
1323	7 MAY			AIMD	IM-3		Headache, running nose		
1323	7 MAY 20			CS-D	CSO/CS-1		SLIGHT SORE THROAT		
1330	7 MAY 20			VFA-154	OPS		SLIGHT SORE THROAT		
1338	7 MAY 20			ENG	A		Headache / congestion		
1452	7 MAY 20			Sup	S-13		HEADACHES		
1553	7 MAY 20			DECK	1ST		SORE THROAT, RUNNY NOSE	97.3	
1300	8 MAY 20			Air	V5		SORE THROAT, CHEST PAIN, ^{SHORTNESS OF BREATH}	99.3	
1308	8 MAY 20			HSM-75	HSM-75		HEADACHE		
1301	8 MAY 20			VFA-144	VFA-144		Body aches, SOB, SORE THROAT		
1305	08 MAY 20			INTEL	Q2		CHEST PAIN / PRESSURE	98.8	
1305	08 MAY 20			S-2	SUPPLY		CHEST PAIN / COUGH, HEADACHE	98.4	
1320	08 MAY 20			VAQ-142	VAQ-142		COLD SWEATS / COUGH, HEADACHE	99.4	
1325	08 MAY 20			CSG9	NG		COUGH / SORE THROAT	98.4	
1333	08 MAY 20			VAW-115	SAFETY		HEADACHE	98.0	
1426	08 MAY 20			AIMD/IM3	IM3		HEADACHE		
1456	08 MAY 20			AIR 142	V2		HEADACHE, FATIGUE		
0904	09 MAY 20			OPS 101	01		COLD SWEATS, ABDOMINAL SORE	96.6	
0928	09 MAY 20			VFA-31	SUPPLY		HEADACHE	97.7	
0950	09 MAY 20			AIMD	IM-3		COLD SWEATS, CHEST PAIN, ^{SHORTNESS OF BREATH}	97.1	
1143	09 MAY 20			CSO	CS7		RUNNY NOSE	98.9	
1703	09 MAY 20			CRMA 142	G-8		RUNNY NOSE	97.4	

Time	Date	Last name	First name	Dept	DIV	J Dial	Symptoms	Temp	note
13:07	10 MAY 20	(b) (6)	(b) (6)	AIR	V-1	(b) (6)	HEADACHE, COUGH, SNEEZE, SORE THROAT	98.0	
1312	10 MAY 20			AIMD	1M-3		HEADACHE, COUGH	98.9	
1323	10 MAY 20			SUD	S-13		SORE THROAT	98.0	
1328	10 MAY 20			AIMD	1M-2		HEADACHE, BODY ACHES, BONE ACHES, ^{BREATH} SHORTNESS	98.0	
1439	10 MAY 20			BWP	D-13		LOST OF TASTE, HEADACHE	97.3	
1458	10 MAY 20			AIMD	1M-2		HEADACHE, BODY ACHES	98.4	
1322	11 MAY 20			WEPs	G-4		DIARRHEA, HEADACHE, CHILLS, BODY ACHES	97.7	
1324	11 MAY 20			HSC-8			HEADACHE, DIZZINESS, DIARRHEA	97.4	
1315	12 MAY 2020			SAFETY			WORSEN COUGH, DIFFICULTY BREATHING	98.6	
1316	12 MAY 2020			SAFETY			SORE THROAT, HEADACHE	97.4	
1320	12 MAY 20			CS	CSX		HEADACHE, NAUSEA, ^{BODY} ACHES,	97.3	
1320	12 MAY 20			VAW-115	MAINT		SORE THROAT	98.0	
1650	12 MAY 20			WepS	G-3		Close contact - no symptoms	97.3	
1650	12 MAY 20			CS	CSX		Close contact - no symptoms	97.5	
1650	12 MAY			WepS	G-3		Close contact - no symptom	97.3	
0913	13 MAY 20	(b) (6)	(b) (6)	OPS	OI	(b) (6)	Abdominal pain / N/V	97.3	
	13 MAY 20			VAR 142	13A		COUGH	98.1	
1057	13 MAY 20			CSD/CSX	CSX		REDEYE/ MILD DISCHARGE/ LIGHT SENSITIVITY		

NAME	DATE/RANK	DEP/DIV	TIME
(b)(6)	12 ³	AIR/V-2	9:00
FA	ENG/E		0914
AC ²	OPS/OC		0915
LS1	VFA154-SUPPLY		0920
ADAN	WEPS/6-3		0930
RS ³	Sup 5-10		0932
AME ¹	CVW-11		0944
ABH3	AIR/V-1		0947
NIGHTS			
AM2	NFA-154		1931
AEAA	CVW-11		1931
LS3	SUP/S-6		1936
LT 10-2	HFA-154		1940
ABEAN	AIR/V-2		1939
LS3	HSM-75		1945
SSN	VFA-154		1944
LS2	SG/RAM		1950
A ABFAN	AIR/V-4		2003
22 JAN 2020			
FC2	SAFETY AS40		0830
PO3	ATTUD		0830
MM2	Sec		0836
BN	CONV 1146		0833
LS3	SUP 58		845
OS2	Training		845
RS3	Sup 15-10		0846
ABH2	AIR/V-3		0849
H16M	ENG 1 BA		0850
A2L	HSM 75		0854
AN	Air V2		0856
AN	Air/V2		0901
AZAN	ALMD/IMP		0902
			0902

NAME	DATE/RANK	DEP/DIV	TIME
(b)(6)	CS ²	Sup/S-2	0831
AT ³	VFA-146/310		0836
CS3	SUP/S-2		0838
DCFN	ENG/DC		0843
BMSN	DECK/137		0844
ABEAN	AIR/V-2		0845
PS0	ADMIN/X-2		0845
ABHAR	AIR/V-3		0846
271	CSO/CS6		0859
SSN	01		0900
18 JAN 2020			
AN BMSN	AIR V-2		0835
AT3	VFA-146		0837
AMAXN	VAX-146		0838
MM2	EX/RA		0840
LS1	SUP/IS6		0841
PR	ENG/A		0846
22	VAX-147		0854
FE1	HSC8		0855
MM3	EX/CP		0912
MM3	ADMIN		19:30
ABEAN	AIR/V-2		19:30
MMR3	HSM-75		19:30
MM1	HSM-75		19:30
AE1	HSC8		1935
PSSN	VFA 87		20:05
AM3	VFA 37		0127
ADAN	CUN-71		0128
21 JAN 2020			
LTJG	CSG 9/N9		0835
ABE1	CUN-71		0837
LTJG	MIN-71		0840

NAME

RANK/RATE

DEP/DIV

TIME

(b) (6)

TAN
IRFN
D³VFA-31
ENG/R
VAW-1150946
0947
5308

AA

R/R
AIR/V-40955
0956

AIN

AIR/V-4

0958

A02

WERS/G-3

10:00

A02

WERS/G-3

1000

3H¹

AIR/V-3

1013

A02

AIR/V-3

1024

ABE³

AIR/V-2

1023

ABE³

AIR/V-2

1023

A0AR

VFA-154

1023

ABEAR

AIR/V-2

1028

GIT

N2/CSG9

1931

AT³

VAQ-142

1933

AM²

VFA-146

1934

ABEAN

AIR/V-2

1938

BM²

DECK/1ST

1938

AME³

VFA-154

1940

PE¹

VAQ-142

1940

PR³

VFA-154

1941

YNSN

Admin/X-1

1949

CSSN

VFA-154

2001

LT

Sep/18

2005

NCC

VFA-3

1930

AR

VFA-87

1932

RSSN

SUP/53

1930

ABHAN

AIR/V-3

1939

Am³

VFA-146

1942

AA

VFA-87

1952

AN

VFA-87

1952

AN

VFA-87

1952

AN

VFA-87

1952

Name

Rate/Rank

Dep/DIV

Time

(b) (6)

AA
AD³VAW 115
HSC-80830
0830

CSA

VAW 115

0830

ADL

VFA-87

0834

AM²

VFA-146

0835

LT

RX/RP

0837

OS²

TRNG

0839

SN

DECK

0842

CS³

SUP/S-2

0842

CS²

SUP/S-2

0843

QM³

NAV/NAV

0844

ABEC

AIR/V-2

0847

AE¹

HSC-8

0851

ADH³

AIR/V-1

0852

CSJA

SUP/S-2

0855

BM³

DECK/2nd

0900

AM³

VAW/15

0900

AEAN

VFA-154

0908

AM¹

AMW/1M-3

0920

AWRL

HSM-75

0920

US-2

HSC-8

0920

AEAN

VFA-146

0920

PSSH

ADMIN/183

0926

ACZ

OPS/OC

0927

AT²

VAW-115

1930

ADAA

VFA-146

1930

ABEAN

AIR/V-2

1934

AEAN

HSC-8

1935

AZAV

VFA-87

1935

W-3

VFA-31

1942

PK

CVN-11

1942

AD1

HSM-75

1943

ADVP1

HSM-75

1944

N 28 JAN 2020

NAME

RATE/RANK

DEPT

TIME

AM2

HSM-75/120

1930

AME2

VFA-31/135

1932

AM3

HSM75/120

1830

AO1

VFA-31/230

1935

CS1

SUP/S-2

1937

AO3

WERS/G-3

1938

ADZ

VFA-146

1945

AM1

RX

1947

AMC

CSS-23

1947

CS4

CS2

2005

AO2

AIMD

2014

ADMAN

AIR/V-5

2005

CS3

SUP-30

2010

CS3

WERS/G-3

2021

N 2020

EOD1

EOD

0830

AT3

AVARM

0833

AT2

AIMD/IM-1

0835

AM3

VFA-146

0938

LS2

S6/SUP

0842

AE1

VFA-142/220

0844

MMON

ENL/A-DIV

0855

AN

VFA-142

0900

AME3

VFA-87

1932

IT3

CSD/CS3

1932

LT

VFA-154

1933

AT2

VFA154

1933

ASAN

AIMD/IM4

1942

ADAN

WERS/G3

1945

ITSN

CSD/CS-1

1940

AD2

VFA-87

1941

AM3

VFA 97

1951

NAME

RATE/RANK

DEPT/RN

TIME

(b) (6)

MMON3

RX/RM

2004

CS2

SUP/S-2

2415

AN 20

Subj/RN

Port/RN

Time in

AE3

VFA146

0830

CS1

CSS23

0831

MA3

SEC

0831

ADAA

VFA146

0837

AA

AIMD/IM2

0839

AT3

VFA31/MAINT

0840

AD2

HSM75/MAINT

0845

AO2

WERS/G-3

0847

IT3

VFA-142

0851

ADAA

AIMD/IM3

0856

IT2

CSD/CS2

0956

AMEC

AN/VB

0902

AZ1

VFA-146

0918

AC1

OPS/OC

0920

FE 210

ATAA

HSM-75

0830

EMN3

RX/RT

0830

MMN3

RX/RP

0930

CSSN

SUP/S-2

0830

AT3

AIMD/IM3

0834

WDR

HSC-6

0835

CS2

SUP-S2

0835

AN

HSC-8

0840

CSSN

SUP-S-2

0840

CSSN

SUP-S-2

0840

EMN

RX/RL

0847

NAME

Rank/Rate

DEPT/DIV

TIME

RSSN

S-5/Supply

0913

ABEZ

AIR/V-2

0915

DLZ

ENG/DL

0920

PRZ

AIMD-1M-2

0920

AN

VFA-87/S-11

0933

PRZ

AIMD/1M2

0939

AZAN

VFA-87

1930

NL

VFA-87

1934

ICSN

CSD/CS8

1934

AM²

VFA-31

1935

VINI

VFA-87

1940

AMEZ

VFA 87

1943

LTJG

VAW-115

1944

CTT3

INTEL/QW

1946

AT²

AIMD/1M3

1949

PS3

ADMIN/X2

1955

AZZ

MAINT/VFA-31

1955

AMEZ

AIRCRAFT/VFA46

1956

AME

CVW-11

~~500~~ 1957ABH³

AIR, V-1

2000

ABP²

AIR, V-4

2000

CS²

SUP/S2

2001

AO²

MAINT/AVAAm

2005

ABHAN

AIR/V-1

0830

AN

AIR V-2

0830

LCDR

CSG-9

0830

AZZ

VAQ-142

0830

AN

VAW-115

0830

CS3

VFA-87

0830

CTT3

INTEL/QW

0840

CS²

SUP/S-2

0840

NAME

RANK/RATE

DEPT/DIV

TIME

S3

S-2/Supp

0901

T3

CSD/CS3

0902

2

VFA 140/ADMIN

0903

ME²

VFA 87/133

0904

AOAR

VFA-140/AD SHOP

0905

YN²

CVW-11/ADMIN

0905

AS³

AIMD/1M4

611

IT²

CAG-ADP

0912

RSSN

VFA-87

0913

LCDR

RX/RT

0915

AEI

HSM-75

0916

EMN3

RX/RE

0920

ADZ

VFA-87

0924

AD³

AIMD 1M-2

0928

PS3

ADMIN/X4

0930

TN³

ENG/EX

0931

ADAN

VFA-154

1930

AT²

HSC 8

1931

AD²

VFA-146

1932

AF2

VFA-87

1933

AME²

VFA-31

1934

FC3

CSD/CS7

1942

AM3

MWR/S7

1945

AN

AIR/V-2

1948

ABHAN

AIR/V-3

1949

AD³

VFA-87

1950

ETNCS

RX/RT

2015

PR3

VFA-154

2015

AO3

HSC-8

2024

ADAN

HSC-8

2024

ADAN

HSC-8

2030

NS FEB 2016

NAME

(b)(6)

RANK/RATE	DEPT/DIV	TIME
RSSN	SUP/S-S	
IT3	CSD/CS3	0849
IT3	CS/CS	0850
IS2	INTEL	0850
AA	AIR/V-2	0851
BSN	JUP/S-5	0857
DCFN	ENG/DC	0857
AA	VAW115	0858
ITC	CS/CS3	0900
SN	DECK 2nd	0900
ET3	CS/CS-5	0900
EMFA	ENG/E	0900
ABE2	AIR/V2	0909
MMW3	RK/RM	0911
EN3	IRG/E	0919
RS3	SUP/S-10	1930
AD2	VFA-87/LINE	1930
ITC	CS/CI	1930
BSN	SUP/SS	1932
ADAN	WEPS/G3	1935
AJAN	MAINT/LINE	1940
AD1/EG	MAINT/AC	1945
MMN3	RK/RP	1950
ABAN	AIR-V-9	1950
MM3	RX-RP	1951
AM2	VAW115	1953
A22	MAINT	2000
E-4/MM3	ENG/A	1957
ABHAN	AIR/V-1	2002
IT3	CAGADP	2003
ADAN	VAW-112	2004
D.		2004

Name

(b)(6)

Rank Rate	Dept Div	Time
IC1	CSD/CSX	0830
AEC	MAINT AV/ARM VFA-116	0831
EG / PR1	VFA-87/13A	0830
E-LI/OM	NAV/NAV	0830
ITSN	CS/CS-1	0835
ADAN	AIMD/IMZ	0840
AT3	VAW-115/210	0845
OSSR	OPS/OI	0930
MMN3	RX/RT	0950
ET2	AIR/V-3	0930
AD3	110/HSC-8	0930
AT3	210/HSC-8	1950
AT2	HSC 8	1930
SA/E-Z	DECK 11st	1930
AD3	ENG/SMM	1930
AD1	WEPS/G3	1935
AM3	VFA 146/R2	1943
AE2	HSC-8	1943
MMU	N4	1944
AEC	VFA-154	1944
ADCS	AIMD/IMZ	1945
AD3	VFA-87/310	1946
VFA-116 ACAN	VFA-146	1949
AT3	AIMD/IM-3	1950
OS2	OPS/OI	2000
MM3	RX/RP	2000
ADAA	VFA-146	2000
LT	VFA-142	2000
ADAN	VFA-81	2025
LP1	AIMD	1935
Ac2	OPS/OC	1943
AM3	HSM-75	1940

Name

Rate/ Rank

Dep Div Time

NAME

RANK RATE DEP/DIV TIME

(b) (6)

(b) (6)

RA3	RE M3	WERS G-4	0836
ACAH	GPS/OC	0836	
ADAN	VFA-31/LINE	0840	
AE2	VFA-154	0845	
LEOR	RX	0845	
ADAN	WERS	0849	
ET3	CS CS9	0849	
LS3	115	0850	
ADAR	154	0851	
IT2	VFA-154	0900	
MM3	RX/RP	0900	
PR2	VFA-31	0900	
LS2	NSC/ENG	0900	
MM2	RX/RP	0900	
MMN2	RX/RP	0946	
AN	ALMD/1M-2	0940	
AN	VFA-146	0840	
AN	VFA-87	0841	
AN	AIR V-1	0850	
AD3	VFA-146	0853	
ATAN	VFA-146	0856	
ABH3	AIR/V-1	0858	
CSSN	SUP/S-2	0859	
ABAN	VAV-115	0859	
LS3	Supply/S-6	0900	
LS3	ALMB/1M1	0900	
ABEAN	AIR/V-5	0900	
AMIN	ALMD-1M2	0901	
MC3	MEDIA	0903	
ADMIN X2	ADMIN-X-2	0903	
AT2	S2M	0903	
IT3	CR	0903	

(b) (6)

(b) (6)

ABH2	AIR V-3	0911	
AA	AIR/V-2	0911	
EMB	ENG/E	0911	
EMB	ENG/E	0912	
AT3	VFA-146	0912	
ETN2	RX/RC	0914	
EM3	ENG/E	0914	
MMN2	RX/RC	0917	
ETN2	RX/RC	0917	
ADAN	VFA-31	0918	
AM1	HSM-75	0918	
ABH3	AIR/V-3	0918	
RS3	SUP/S-3	0919	
ADAN	WERS/G4	0926	
IT2	CS/CS3	0921	
PS2	XX/X-4	0922	
ATAN	HSM-75	0923	
AE2	VAV-115	0924	
ABHAN	AIR/V-3	0924	
MA1	SEL	0925	
ADAR	SUP HSM-75	0926	
ET3	CS/CS-9	0927	
ABE1	AIR-V-2	0927	
ALAN	DPS-OC	0928	
STG3	OPS/OM	0928	
FSSN	SUP-S-3	0929	
RSSN	SUP-S3	0930	
BMSN	DECK/1st	0931	
YN3	CHEM/EX	0932	
CSSR	Supply/S-2	0933	
MMN2	RX/RC	0933	
ABHAN	AIR/V-1	0934	
IS2	ALMD/S-2	0934	

(b) (6)

(b) (6)

ABH2	AIR V-3	0911	
AA	AIR/V-2	0911	
EMB	ENG/E	0911	
EMB	ENG/E	0912	
AT3	VFA-146	0912	
ETN2	RX/RC	0914	
EM3	ENG/E	0914	
MMN2	RX/RC	0917	
ETN2	RX/RC	0917	
ADAN	VFA-31	0918	
AM1	HSM-75	0918	
ABH3	AIR/V-3	0918	
RS3	SUP/S-3	0919	
ADAN	WERS/G4	0926	
IT2	CS/CS3	0921	
PS2	XX/X-4	0922	
ATAN	HSM-75	0923	
AE2	VAV-115	0924	
ABHAN	AIR/V-3	0924	
MA1	SEL	0925	
ADAR	SUP HSM-75	0926	
ET3	CS/CS-9	0927	
ABE1	AIR-V-2	0927	
ALAN	DPS-OC	0928	
STG3	OPS/OM	0928	
FSSN	SUP-S-3	0929	
RSSN	SUP-S3	0930	
BMSN	DECK/1st	0931	
YN3	CHEM/EX	0932	
CSSR	Supply/S-2	0933	
MMN2	RX/RC	0933	
ABHAN	AIR/V-1	0934	
IS2	ALMD/S-2	0934	

10 FEB 2020 NIGHTS

NAME (Last, First)

NAME	RATE/RANK	DEPT/DIV	TIME
AMEAR	LT	VAW 115/13B	2015
LT	VFA-154		2015
QM3	WPU/NEU		2017
ADAN	WERS/6-3		2022
AN	VFA-31		2030
ADAN	AIMD/1M-2		2032
ET ³	CSD/CS-9		2035
AD ³	AIMD/1M-2		2036
LAAR	VAD-142		2034
AEAN	VFA-146		2035
AOAN	VFA-146		2037
MM2	RX/RP		2030
AD1	CW11/1M5		2042
AD2	AIMD/1M-2		2042
CTR ³	INTEL/QC		2043
AM ³	HSC-8		2048
OSSA	OES/01		2049
SSA	SUP/S-2		2053
ADAN	VAW 115		2100
ADAN	WERS/6-3		2105
AES	VFA-31		2107
LS3	AIMD/1M1		2157
ADAN	WERS/6-1		2100
FEB 2020			
IC3	CSD/CS8		0830
ADAN	110		0830
AMAA	S2M		0830
LS3	SC		0830
HT3	R-DIV		0832
LSC	1M1		0833
AM1	HSM75		0837
AM1	HSM75		0838
-3	...		0911

Name

NAME	RATE/RANK	DEPT/DIV	TIME
CS ³	S-2/VFA-31		0848
EM ³	ENG/E		0849
AZAN	VFA-87IS-2		0850
MMN3 ³	RX/RP		0850
ABHAN	NR/V-1		0952
ABHAN	AIR/V-1		0953
FC ³	CSD/CS-5		0853
ITSN	CS69/N-6		0855
LS ³	050/supply		0856
ABE ³	AIR/V2		0857
ABE ³	AIR/V4		0903
CSA	S-2/supply		0906
CSSR	VFA87		0907
AD ³	HSC-8 SIG MAINTENANCE		0920
CK			
FCSN	CSD/CS-5		1931
HSC-8	ADMIN		1931
LT/O-3	AIR OPS		1933
AEAN	VFA87		1935
ADAN	WERS/6-3		1940
AD ³	WERS/6-3		1947
AN	HSC-8		1947
BA ³ SN	DECK/20D		1950
MA ³	SEC		1950
MMN2	RX/RM		1959
AEZ	VAW-115		2000
AIRN ³	AIR-VS		2000
MMN2	RX/RP		2006
GM ²	WERS/G-2		2009
T ³	CS/CS-1		2014
ABE1	AIR/V2		2015
CW02	VFA-154 MAINT		2015
V...	VAW 115		2021

NAME	DATE/PLANE	DEPT/PLN	TIME
	CW03	HSM 75	1939
	AMAA	SZM	1945
	ABH3	AK/V-3	1945
	AB3	VFA-87-310	1956
	AME AA	VFA-31	1957
	AD2	VFA-31	2000
	ADAA	VFA-31	2000
	ADAN	HSC-75	2000
	ADAN	WEP5/G3	2004
	LS1	CUN 71	2009
	LS2	CUN 71	2021
	CJSN	J-2	2023

(b) (6)

NAME

ABH3	AR/V-1	0835
ADAN	WEP5/G-1	0837
EM3	AIMD/1M2	0845
AE3	HSC-8	0846
AN	S-21	0846
OS	01	0849
ADAR	VFA-154	0852
CSSN	VFA-31	0852
ADAN	AK/V-1	0856
GN1	WEP5/G-2	0857
EM2	ENGLE	SS90
PC2	SAF/AS40	9954
CS3	VFA-31	0902
YN3	VFA-31	0904
XD1	HSC-8	0904
AN32	HSC-8	0904
AD3	VFA-154	0907
AVS1	HSC-8	0908
YN5a	CCSG-9	0910
ABAN	AK/V-4	0915
AD2	VFA/54	0915
OS2	OPS/01	0916
AS2	AIMD/1M-24	0921
PX MIN2	RX/PP	0921
LTSU	VFA-154	0922
ET3	CSO/CS-9	0922
ABAN	AK/V-4	0927
NCC	VFA-31	0925
ABFAA	AK/V-4	0927
ABE3	AK/V-2	0930
IS3	INTEL/02	0930
AN51	AIRCRAFT HSC8	932
101		932

(b) (6)

10/22

Name

Rate/Rank

Dep/Div

Time

NAME

Rate/Rank

Dep/Div

Time

MMWC

RX/RM

0833

AT3

AN

0833

AN

AIR V-3

0834

ACZ

OPS/OC

0836

DC

ENG/DC

0836

AT3

AIMD/IM-3

0837

CSSN

SUP/S-2

0838

AN

AIR/V-5

0841

MMFA

RX/RP

0843

MMFN

RX/RP

0845

ABFAN

AIR/V-4

0848

~~VFA-31~~ VFA-31

VFA-31

0850

OSSN

OIC/OI

0852

MM3M

MM3

0853

AC/E3

OPS/OC

0857

ETL/E-5

CS/CS-5

0858

CTT/E-6

INTEL/QW01

0859

IT3/E-4

CS/CS-2

0900

AM1

VFA-87/LINE

0901

SN E3

DECK 2nd

0903

MMN2

RX/RP

0906

AD² HUXAH/E-5

WEPS/G-1

0908

~~ATISSR~~ E-1

CSD/CS-1

0913

ATAN

VFA-154

0915

CTT3/EU

NA/CCSG9

0916

YNSA

NI/CCSG-9

0918

R3/E5

CS/CS-3

0920

AMAF

VFA-87

0924

AN/E3

Supply/S-2

0924

EMFA

ENG/E

0924

LS3

SUP S-8

0926

LIGHT CHECK

11:50 AM

0930

(b)(6)

PR3

VFA-154

1951

AM3

VFA-142

1953

AD3

VFA-142

1953

EMFN

ENG/E-DIV

2000

~~AIR/V-1~~ AN

AIR/V-1

2005

LT

VFA-87

2010

MM3

RX/RP

2011

ASAN

AIMD/IM4

2015

EMN3

RX/RE

2017

MM2

SAFETY

2020

LSSN

VFA 154

2025

CS2

SUP/S-2

2045

LT

AIR OPS

2100

AT2

WSM-75

~~OS1~~~~OPS/OL~~

0217

CSA

SUP/S2

0830

CS2

SUP/S2

0832

MMFA

RX/RP

5352

ACZ

OPS/OC

0837

MM3

RX/RP

0838

MM2

RX/RP

0840

ETL

CS/CS9

0845

SN

INTEL/Q2

0845

AA

VFA-87

0845

IT3

CSD/CS-3

0850

DC3

ENG/DC

0850

LT

VFA 154

0851

CS3

SUP/S-2

0858

CS3

SUP/S-2

6610

LDR

VFA-115

0901

AD3

WEPS/G-4

0904

LT

RX/RT

0904

AT3

VFA-154

0907

NAME	RATE/RANK	DEPT/DIV	TIME/DATE	NAME	RATE/RANK	DEPT/DIV	TIME/DATE
ABHAR	ABHAR	AIR/V-3	1935 / 20 FEB 20		PR3	MAINT HSC-8	0840
CSSE	ABHAR	AIR/V-1	1945 / FEB 20		IT1	CS/CS3	0841
SN 123	ABHAR	VFA 87	1950 / FEB 20		AD2	HSM-75	0843
		DECK/1ST	2000 / FEB 20		FC2	CS/CS7	0845
	21 FEB 2020				ADAN	HSC-8	0850
OS3	OS3	OPS/O1	0830		AE2	HSC-8	0852
AD2	AD2	WERS/G-5	0838		ENEN	EN6/E	0855
Am2	Am2	HSM-75	0830		PR1	VAQ-142	1930
ADC	ADC	VAW-115	0830		AN	VAW-115	1930
CTR3	CTR3	INTEL/QC	0845		AmE1	VFA-154	1934
ADAN	ADAN	AAMD/1M2	0845		ADAN	AIR V-1	1934
AN	AN	AIR/V-3	0848		PS3	ADMIN X-2	1939
PS3/E-4	PS3/E-4	ADMIN/X-2	0849 / 21 FEB 20		ORAN	UPAN-115 / WLC 120	1940
AN	AN	AIR/V-3	0849 / 21 FEB 20		ICSN	CSO / CSB	1947
LS2	LS2	AAMD/1M-3	0901 / 21 FEB 20		ADAN	310 VFA-87	1952
DS1	DS1	OPS/O1	0911 / 21 FEB 20		ARF3	AIR/VZ	1959
LT	LT	AAMD/1M4	0920 / 21 FEB 20		VNIC	SUP/S2M	2009
	NIGHT CHECK				MEMN	PA/RP	0850 24 FEB 20
ABHAR	ABHAR	AAMD/1M-3	1930 / 21 FEB 20		AN	VFA-87	0830 24 FEB 20
ANAL/CL	ANAL/CL	VAW-115	1930 / 21 FEB 20		CSN	ASMA-75	0831
LT	LT	VFA-146	1930 / 21 FEB 20		AD2	VFA-154	0835 24 FEB
LT	LT	CU-72	1930		AEC	VFA-154	0838 24 FEB 20
LS3	LS3	VAQ-142	1930		ADAN	VAW-115	0840 24 FEB 20
AG3	AG3	SUP/S-6	1939		SN	DECK/1ST	0841 24 FEB 20
ADAN	ADAN	INTEL/QO	1940		CSN	SUPPLY/S-2	0847 24 FEB 20
LTJG	LTJG	WERS/64	1940		ARF3	AIR/V-4	0847 24 FEB 20
IC3	IC3	VAW-115	1946		QU3	NW	0847 24 FEB 20
BM2	BM2	AIR/V2	1947		AM3	VFA-154	0850 24 FEB 20
AD2	AD2	DECK/1ST	1952 21 FEB 20		ARF2	AIR/V-2	0859 24 FEB
		AIR/V-2	1950 21 FEB 20		ABHAR	AIR/V-1	0853 24 FEB
					UN1	EN6/A	0904 24 FEB
					MMN	PA/SM	0908 24 FEB
	22 FEB 2020				AT1	WLC 120	1931 24 FEB 20

NAME	RATE/RANK	DEPT/DIV	TIME/DATE	NAME	RATE/RANK	DEPT/DIV	TIME/DATE
LCJR	ABHAW	VAR-715	24 FEB / 2020	ABHAW	ADAN	VAR-715	24 FEB / 2020
ABHAW	ABHAW	VAR-715	24 FEB / 2016	ADAN	ADAN	VAR-715	24 FEB / 2016
CSSN	CSSN	SUP/S-2	24 FEB / 2017	EN3	EN3	SUP/S-2	24 FEB / 2017
AN	AN	VFA-148	25 FEB 20 0831	AEAN	AEAN	VFA-148	25 FEB 20 0831
ETN2	ETN2	RX/RC	25 FEB 20 0831			RX/RC	25 FEB 20 0831
EM3	EM3	ENG/E	25 FEB 20 0836			ENG/E	25 FEB 20 0836
PS2	PS2	ADMIN X2	25 FEB 20 0836			ADMIN X2	25 FEB 20 0836
VFA A13	VFA A13	VFA-31	25 FEB 20 0837			VFA-31	25 FEB 20 0837
CS	CS	SUPPLY/S-2	25 FEB 20 0839			SUPPLY/S-2	25 FEB 20 0839
AEAN	AEAN	VFA 87	25 FEB 20 0845			VFA 87	25 FEB 20 0845
LS3	LS3	SUP/S-8	25 FEB 20 0846			SUP/S-8	25 FEB 20 0846
LCJR	LCJR	HSC-8	25 FEB 20 0845			HSC-8	25 FEB 20 0845
ATO	ATO	VFA-31	25 FEB 20 0846			VFA-31	25 FEB 20 0846
YN2	YN2	CFA-87	25 FEB 20 0855			CFA-87	25 FEB 20 0855
AB63	AB63	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
AD3	AD3	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
CS3	CS3	SUP/S-2	25 FEB 20 0857			SUP/S-2	25 FEB 20 0857
AB6	AB6	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
LT	LT	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
VAR2	VAR2	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
IT3	IT3	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
ABHAW	ABHAW	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
AZAP	AZAP	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
ABHAW	ABHAW	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
A13	A13	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
ABHAW	ABHAW	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
AONN	AONN	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
PS3	PS3	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
CTR3	CTR3	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
YUCS	YUCS	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
AN	AN	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
ABHAW	ABHAW	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857
DR2	DR2	VAR-715	25 FEB 20 0857			VAR-715	25 FEB 20 0857

NAME

RATE/RANK

DEPT/DIV

TIME/DOV

(b)(6) ARFS	AID/V-21	0835
LN1	LEGAL	0840
LS2	HSC8 - Supply	0840
E-3	CSD/CS6	0842
Ame1	VAW-115	0843
LSSN	VFA-31	0845
Ae1	HSM-75	0850
LS3	HSM-75	0850
mm2	RX/RP	0853
21	VAQ-142	0855
LS3	SUP/S-8	0900
mm1	ENG/A	0905
CS3	S-2/VFA-31	0907
ADC	HSC8/MAINT	0910
LT	INTEL	0913
ABH	MAINT	0922
AO2	WCP5/G-3	0928
AR1	VFA-146/LINK	1931
AE2	VFA-81 / AV-ARM	1935
ABFAN	AIR/V-4	1936
LS3	SUPPLY/S-6	1939
AO1	VFA-31/QA	1940
CTTC	CSG-8/N9	1945
mm3	RX/RP05	1945
AS3	AIMD/IM-1	1955
LTJG	CSD/CS3	1959
ANNA	CS2M	2000
<hr/> 29 FEB 2020 <hr/>		
CSN	HSM75	0830
MCC	IMEDIA	0830
OSAN	OPS/O1	0830
AE3	HSM-75/220	0839
DR3		0839

NAME

RATE/RANK

DEPT/DIV

TIME

(b)(6) BMSN	DECK/2ND	0910
AM3	VAW-115/120	1930
SSN	SUP/S2	1930
ABE3	AIR/V-2	1937
AD3	IM2/AMD	1940
LS3	SL/SUPPLY	1941
LSSN	S-6/SUPPLY	1940
ABFC	AIR/V-4	1954
AZ1	HSC8/MAINT	1957
AN	AIR/V-3	2020
<hr/>		
2 MAR 2020		
AT2	VFA-31	0830
BMSN	DECK/1ST	0833
PSL	ADMIN/X4	0835
AO3	HSM-75	0837
AO1	VAQ-142	0838
AN	VAQ-142	0843
AN	S-5	0844
LS2	S-6	0844
AD1	VAW-115	0848
AN	V-2/AIR	0849
LSSN	VFA-31	0851
AS2	AIMD/IM4	0853
AM3	HSC8/AVCMF1	0856
AN	V-2/AIR	0900
ITI	CCSG 9/N6	0859
ABHAN	AIR/V-1	0900
AE2	VAQ-142	0906
ABE3	AIR/V-2	0909
LTJG	HSC-8	0912
MMFN	RX/RP	0928
MMFN	RX/RP	1020

Name	Dept/Div	Time
(b) (6)	VFA-31 QA	1945
	RX/AM	1945
	VFA-87 / AVARM	1945
	ARE/V-5	1947
	AIR/V-2	1955
	VFA-146	2000
	AIMD/IM3	2026
Name	Dept/Div	Time
	ENG A-10W	0910
	VFA 146 110	0910
	LEG	0935
	Runway nose/Control	0920
	WEPs/G-2	0922
	VAD-142/310	0923
	VFA-87	0920
	HSC-8	0930
	Amo/11-3	0927
	HSM-75	0935
	INTEL/QZ	1930
	HSC-8	1932
	VFA-87	1932
	VFA 154	1933
	RX/RM	1939
	RP/Rx	1942
	CSO/CSK	1945
	HSM-75	1942
	SUP/S-2	1945
	SUP/S-2	1944
	AIR/V-2	1949
	AIR-V-2	1950
	VFA-87	1950
	Amo/11	0900

Name	Plate Rank	Dept/Div	Time
(b) (6)	ADH/E-4	A 5-7 / SUP	0845
	MC/E-4	MEB/A	0846
	AME/G-5	VFA-73	0850
	AM-2/E-5	VFA-146	0848
	ABFAN	AIR/V-4	0853
	EMN2 IE-5	R-4/R-5	0855
	ADAN	WEPs/G-3	0858
	CS2	SUP/S-2	0859
	CSSN	VFAW/115	0902
	A-PACT Aft	PER/V-4	0903
	APL	VI	0905
	LT	RX/R-4	0928
	MM1	RX/R-4	0928
	ABEAN	AIR/V-2	1936
	AM-2	HSC-8	1937
	MM2	LX/RP	1936
	ABHAR	V3/AIR	1940
	CSER	SZ-SUP	1943
	AM-3	HSC-8	1945
	ATZ	VFA-44	2001
	CTT2	HSM-75	2003
	AOAN	VFA-146	1933
	Am-2	HSM 75	1937
	LTSC	VFA-154	1940
	AD3	VFA-87	1943
	ATEA	SZ-A	1947
	ADHAN	AIR/V-1	1950
	AM-2	VAD-142/120	1955
	AD-2	HSM-75	2000
	AZ2	HSM-75	0801
	AD-3	VFA-154	2002
	AD-3		

NAME

RATE/RANK

DEPT/DIV

TIME

(9) (9)

PR 1	AIMD/IM2	1300
EMN2	RX/LRE	1300
ITSR	CAGADP/VAQ-142	1303
IT3	CAGADP/HSM-75	1305
AM3	AIMD/IM2	1306
MA 7	SEC	1310
ET3	CS5/SZ	1310
ADC	AIMD/IM2	1315
AME3	VFA 31	1315
CS3	S-2/VAQ-142	1317
YNZ	ENG/EX	1331
AWS2	HSC-8	1334

10 MAR 20

ABEAN	AIR/V-4	0830
LSSN	DECK/IST	0830
Bnc	CS523	0840
ETN2	RX/LR	0850
MMFA	LX/RP	0907
CWO3	VAQ-142	0905
PS2	ADMIN/X4	0935
LT	CSG 9 IN9	1932
IT2	CVW-11 ADP	1934
AM1	HSM-75/MAINT	1938
AE2	HSC-8/MAINT	1940
AT2	AIMD/IM-3	1943
Lt	AIR/V2	1944
Aol	VFA-87/AV-ARM	1948
ADAN	VFA-87/AV-ARM	1950
LS13	SUP/S-8	1950
AN2	VFA 31/12C	1952
IT2	CS/CS3	1958
PC CA	MAINT/ITC	1958

11 MAR 20

NAME

RATE/RANK

DEPT/DIV

TIME

(9) (9)

MM3	RX/RP	0834
MA2	SEC/OF	0834
AMAN	AIMD/IM2	0835
ALPO ITLM	CSO/CS2	0836
AO2	AIMD/IM2	0834
AZ3	VFA 87/020	0835
AEAN	S-2/310	0839
YN3	ADMIN/S-5	0839
AO3	AVARM/ARM	0837
Om2	NAV	0840
BMSN	DECK	0851
QMSA	NAV	0853
AN	VFA-140	0854
LT	RX/RP	0902
ET2	CS/CS9	0900
YN3	DECK/2ND	0908
AA	VAW 115/310	0920
AM2	HSM-75/120	1932
AO2	HSM-75/110	1932
Am2	VAQ-142/12C	1935
OS3	NAV	1936
AN	VFA-87	1938
AD3	VFA-87	1942
AN	V-2/AIR	1944
AMEAR	VAW 115	1945
ASAN	AIMD/IM4	2016

Name

Rate Rank	Dep Div	Time
(a)(6) SN/E-3	DECK/7ST	0830
FN/	ENG/A DIV	0837
AMC	HSCN-75	0838
AAI V-4	AIR V-4	0845
ETN ES	RX/RC	0847
OS ES	OPS OM	0850
MMN3	RX/RM	0849
RSSN	Sup/8-3	0850
AS3	AIMD/IM4	0850
LSSN	SUP/S-3	0853
EMN3	RX/RE	0857
AJ2	AIMD/IM4	0900
ABH3	AIR/V-1	0900
CSSN	SUP/S-2	0900
CSSN	SUP/S-2	0900
EMN2	RX/RE	2014
SN	DECK/1ST	2024
BMSN	DECK/2ND	2027
AN	VFA-87	2029
AOAN	HSC-8	2030
RSSN	SUP/S-3	2030
RS3	SUP/S-5	2030
AM2	A/C/IM6	2030
LT	VAQ-142	2037
LC3	CSD/CSB	2050
AN	V-1 HR	0834
IT1	CSG9	0834
OTT	INTEL/QO	0835
AMC	HSCN-75	0826
AOAN	VAQ-142	0836
EC	CSG9	0837
LSSN	CSG9	0837

NAME

Rate Rank	Dep Div	Time
(a)(6) IS/E-4	INTEL/QO	0830
AZ/E-5	AIMD/IM1	0837
MMN3/E-4	RX/RM	0848
E-4/AG3	INTEL/QO	0900
RS3	SUP S-5	0916
NIGHTS		
O-2	VAW-115	1930
MAZ	SEC	1932
AT3	VFA-87 ^{W/C} 320	1932
YN3	VFA-81	1934
AN	WEP3/G-3	1935
AO1	WEP3/G-3	1936
AOAV	WEP3 G3	1936
AM2	VAW-115	1948
MMN2	RX/RL	1950
REL	VFA-87	1952
MASN	SEC	2000
CSN	VFA 146	2008
14 MAR		
IS/E-5	INTEL/QO	0832
BMI	DECK/2ND	0834
AOAN	CVN-11	0834
AT/E-5	AIMD/IM3	0835
MR3/E-3	ENG/K	0836
CM3/E-4	SZM/1	0836
CS3	SUP/S-2	0836
MM3	RX/RL	0840
AMOS	VAQ-142	0910
AN	SUP/S-5	1930
AE2	VAW-115	1930
PR3	146	1930
AOAN	HSC-8/2300	1942

Name

Rate/Rank

Dep/Div

Time

NAME

RATE/RANK

DEPT/DIV

TIME

(b) (6)

AZC

VFA-87

832

YNZ

UFA-87

0833

FN

ENG/A

0834

ADAN

VAQ-142

0836

CS3

Sup-S-2

0838

MMN3

RM/R

0847

AA ETW3

Rx/RC

0847

ETW2

Rx/RC

0847

A/MA

AIMD/IM2

0848

ABE3

AIR/V2

0849

Am3

UFA-146

0850

16 MAR

PRO

CSSR

SZ-SUPPLY

1931

PS3

Admin X-2

5432

AN

SUP/S-5

1930

IT²

CS/CS3

1935

LSSN

SUP/S2

1938

CS1

BSD/HSM75

1940

A/AA

VFA-87

1943

A³

VFA-87

1944

SUP RSSN

SUP ISS

1945

ABHAA

AIR/V-3

1953

AMIAN

HSM-75

2006

QM1

NAV

2007

17 MAR 20

MAR

SEC/OF

0911

AS²

AIMD/IM4

0835

FN

ENG/A

0836

ATAA

AIMD/IM3

0910

IT²

CS/CS1

0922

(b) (6)

AT³

AVARM/AIR/VAQ-142

1930

LS²

INTEL/AZ

1930

YNC

DesRON 23

1938

18 MAR 20

ATZ

VAW-115/S-2

0834

AM3

VFA 146/12C

0833

AR

AIR/V3

0834

A³

G4/WEP5

0835

YNSD

CCSG-9

930

HT³
ENG 1P

ENG 1R

0842

AS2

AIMD/IM4

0840

LS²

SUP S6

0842

MMN3

Rx/RP

0841

ABE3

AIR/V4

0856

YN3

NAV

0917

18 MAR 2020

LSSN

VAW-115

1935

ABE3

AIR/V-2

1930

ABE³

AIR/V-2

1946

ABHAA

AIR/V4

1948

A³

WEP5/6-3

2006

LTJG

VAW-115

2003

101

CVN-77

2012

19 MAR 2020

RSSN

SUP/S5

0834

ADAA

WEP5/6-3

0835

AWCZ

HSC-B

0836

AM³

HSC-B

0837

AMAN

AIMD/IM2

0839

1/112

CS/CSX

0840

1/112

1/112

1/112

NAME

RATE/RANK

DEP/DIV

TIME

ADAN	WEPS/G3	08:50
CSJA	Supply/S-2	08:50
FC3	CSD/CS7	09:00
ADMINCS	R2/RL	09:13
ABE ³	AIR/V-2	09:10
LS3	Sup/S8	09:27
AZ3	WEPS VAD-142/CRD	19:37
ASAN	AIMD/11M-4	19:37
IT3	SUP/SS	19:40
RSSN	SUP/S-5	19:40
ABHAR	AIR/V-1	20:13
YN ³	Admin/V-1	20:13

20 MAR 20

20

IC2	CS8	0830
CS ²	SUP/S-13	0830
AM2	VP31/11C	0831
SNE	DECW195	0832
LS ³	VRC-30	0835
AN	85	0836
LT	CSD/CS6	0837
E-6	HSM-75/MAINT	0840
E6	Hsm-75/MAINT	0840
E4	OPS/OC	0844
E5	HSM-75	0847
E7/CPD/IS	CSG/AM/2	0848
E-5 IT ²	CSD/CS-2	0849
IT3	CHG ADD HSM-75	0850
AZAN	HSC-8	0856
EM3	AIR/V-2	0856
MM1	ENG/A	0901

20 MAR 20

ADAN

VFA 141/11M-4

19:20

NAME

RATE/RANK

DEP/DIV

TIME

AD ³	VFA-144	0850 0815
RSSN	Sup/S-3	0851
YNS A	CCSGA	0553
ACI	OPS/OX	0900
OSSA	OPS/OI	0906
AL ¹	INTEL/QO	0909
AM2	VFA-51	0911
ADAN	WEPS/G-3	0912 0912
CS3	S2/SUP	0911
SN	DECK/1ST	1930
AM2	VFA-154 LINE	1930
CS3	SUP/S-2	1935
AMAN	VFA-154	1938
AM ¹	RK/RD	1939
AT ²	VFA-154/LINE	1955
V-3 AIR	AN	2000

23 MAR 20

ATAN	S2M	0833
ABHAN	AIR/V-1	0836
LCDR	CSG-9 N2	0839
WZ	VFA-154	0840
OS2	OPS/OI	0842
GS2	OPS/OI	0842
MAZ	SEC	0843
LS ²	SAFETY	0846
CS3	VFA-07 S2/W1/2	0847
AN	AIR/V-3	0850
DC3	ENG/DC	0851
RXR (MM2)	R2/RL	0853 0853
ABHAN	AIR/V-1	0855
YNC	DesRON-23	0855
AO ²	VFA-146	0858
AT ³	HSC-8	0858

Release

IMMEDIATE RELEASE

First Case of COVID-19 at the Pentagon

MARCH 25, 2020

A U.S. Marine stationed at the Pentagon tested positive for COVID-19 on March 24.

The Marine is in isolation at his home and will undergo further assessment by health professionals. His last day in the Pentagon was March 13.

The Marine followed U.S. Centers for Disease Control guidelines and DoD directives by isolating himself when an immediate family member began to show symptoms. Once he became ill, he contacted his assigned medical facility.

His workspace has been cleaned by a Pentagon response team and a thorough contact investigation is underway to mitigate risk and preserve the health of the workforce at the Pentagon.

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-----Original Message-----

From: (b) (6) @fe.navy.mil <(b) (6) @fe.navy.mil>
Sent: Saturday, May 16, 2020 9:47 AM
To: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>
Cc: (b) (6) CAPT USN NAVY JAG WASH DC (USA)
<(b) (6) @navy.mil>; (b) (6) CIV USN COMNAVSAFECEN NOR VA
(USA) <(b) (6) @navy.mil>
Subject: Fw: [Non-DoD Source] TR CI

RDML Spedero,

My statement is attached. I do not have a printer but can have a copy of this brought to me for signature from the ship. I did edit the document for clarity and completeness. I do not think any of my additions substantively changed my answers from our interview. If there are no major concerns, I will get a signed PDF file sent tomorrow. Answers to follow on questions are below the cut line.

V/R

CAPT (b) (6), USN
Executive Officer
USS THEODORE ROOSEVELT
Email: (b) (6) @cvn71.navy.mil
Office (Guam): (b) (6)
Mobile: (b) (6)

Do you feel that the THR was in compliance with Navy Tactical Reference Publication (NTRP) 4-02.10? For example, do you feel THR was in compliance with the transmission precautions listed in:

1) Section 2.6, including Section 2.6.1: Contact Precautions, especially Patient Placement; 2.6.3: Droplet Precautions; 2.6.5: Airborne Precautions; and 2.6.7: Empiric use of airborne, droplet or contact precautions

NOTE: We did not focus on 2.6.5 Airborne Precautions. COVID-19 transmission was briefed as via Droplet or Contact. TR focused on 2.6.3 and 2.6.5.

TR was in compliance with the parts of these sections dealing predominately with how Medical dealt with patients that presented ILI at morning sick call. Based on my observations of our medical department, I felt they took all precautions described in these sections within the Medical spaces and during movement of COVID+ Sailors. Once a sick call Sailor presented a fever with associated ILI, they were treated as a PUI and tested. If they

tested positive, they did not leave Medical until it was time for a Medevac to USNH Guam. They appeared to follow all these precautions.

I feel these precautions were also met when we set up Quarantine for the initial group of PUI's that were potentially exposed to the British tourists in Vietnam. The male and female berthing Medical set up on ship for these close contact PUI's were our best effort based on the facilities available. Those Medical personnel that cared for the PUI's over 14 days complied with the NTRP.

I do NOT believe the segregated berthing plan we initiated after multiple positives presented on board met the requirements of the NTRP (or the NAVADMIN 083 guidance). The number of positives overwhelmed the ship's ability to properly quarantine close contacts. There simply was not enough available space to comply. Positive patients were properly isolated but close contacts that required quarantine were not. Specifically, there were not enough private rooms available. Maintaining even 3 feet of separation was difficult in segregated enlisted berthing. The scope of the problem rapidly overwhelmed available compliant options on the ship.

There was also a shortage of PPE (gloves and masks) that made full compliance impossible once it became obvious we had multiple positive cases and hundreds if not thousands of close contacts requiring quarantine. Our limited supply of gloves and masks were initially held for Medical and Food Service workers.

For 2.6.7, TR did have organic testing available. For the first 14 days following our Vietnam port visit, all Sailors that presented to sick call with ILI/Fever were tested for COVID-19. None tested positive. During this time, the ship operated normally with the exception of increased cleaning, disinfection and focus on personal hygiene and respiratory etiquette. No attempts at Social Distancing were made in the general crew. Flight and Ship Ops continued at a normal pace with no restrictions. Following the first positive test, attempts were made to use berthing to quarantine in a group setting. These attempts failed.

2) Section 2.7: Use of afloat social distancing techniques to reduce disease transmission

With over 4800 embarked on a CVN operating normally in the C7F AOR, the social distancing described was not attempted after departing Vietnam until arriving in port Guam when the number of Sailors on the ship were reduced. The design of the ship is incompatible with the idea of social distancing. After the first positive cases were discovered, closing off spaces such as gyms was discussed. We concluded this would only compact the crew further as the crew would congregate in lounges, workspaces or berthing areas instead. We did close off the barber shops and dental as those were clearly no longer necessary. Simply put, life at sea on a fully embarked CVN

conducting flight operations is not compatible with paragraph 2.7. There is not enough space on the ship to draw a 3-6 foot bubble around 4850 Sailors and continue to operate.

After analyzing the problem, we estimated we could attempt Social Distancing successfully with around 3000 on board. Once we offloaded approximately 1500 Sailors in Guam, we were able to implement many of the Social Distancing practices suggested. By Monday or Tuesday in port Guam, we were in compliance with para 2.7. The gyms on board were closed (we opened a gym on the pier with Social Distancing requirements), meetings/gatherings were cancelled, lines were spread out with tape on the deck and berthing was more spread out. Movement of sailors off ship did require mustering large numbers of Sailors in the hangar bay as we offloaded Sailors into quarantine. In order to successfully handle the logistics of moving thousands of Sailors into off ship berthing, I felt this was unavoidable.

Even today, after studying the problem for two months, I do not think a fully loaded CVN operating at sea can successfully execute its mission and fully comply with para 2.7. There are too many people in too small a space. Going forward, we will experiment with a number of social distancing policies during our first CQ period out of Guam with a reduced crew (~3000). Once complete, I will have a better report on how successful many of these ideas are underway.

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: (b) (6) CAPT USN, USS Theodore Roosevelt; Crozier, Brett E CAPT USN, USS Theodore Roosevelt; Keeler, (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN, CVW-11; (b) (6) CMC USN, USS Theodore Roosevelt; (b) (6) CMDCM USN, CVW-11
Subject: RE: Diamond Princess Article
Date: Saturday, March 28, 2020 6:00:59 AM
Attachments: [Public Health Responses to COVID-19 Outbreaks on Cruise Ships - Worldwide, February-March 2020.pdf](#)

Report attached. The graph is useful. Seems like they flattened the curve by debarking the people, IMO. Also notes COVID19 RNA remaining on surfaces in cabins 17 days after they were evacuated - also problem.

VR (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>
Sent: Saturday, March 28, 2020 5:44 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, CVW-11 CAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG <(b) (6) @cvw11.navy.mil>; (b) (6) CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CAPT USN, COMDESRON23 <(b) (6) @cvn71.navy.mil>; (b) (6) CDR USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CDR USN, CVW-11 <(b) (6) @cvw11.navy.mil>; (b) (6) CMC USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CMDCM USN, CVW-11 <(b) (6) @navy.mil>
Subject: FW: Diamond Princess Article

All,

Article briefly mentioned. Apologies if I forgot anyone.

The final sentence of the abstract:

Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.

v/r,

SMO

Public Health Responses to COVID-19 Outbreaks on Cruise Ships — Worldwide, February–March 2020

Leah E. Moriarty, MPH¹; Mateusz M. Plucinski, PhD¹; Barbara J. Marston, MD¹; Ekaterina V. Kurbatova, MD, PhD¹; Barbara Knust, DVM¹; Erin L. Murray, PhD²; Nicki Pesik, MD¹; Dale Rose, PhD¹; David Fitter, MD¹; Miwako Kobayashi, MD, PhD¹; Mitsuru Toda, PhD¹; Paul T. Canty, MD¹; Tara Scheuer, MPH³; Eric S. Halsey, MD¹; Nicole J. Cohen, MD¹; Lauren Stockman, MPH²; Debra A. Wadford, PhD²; Alexandra M. Medley, DVM^{1,4}; Gary Green, MD⁵; Joanna J. Regan, MD¹; Kara Tardivel, MD¹; Stefanie White, MPH¹; Clive Brown, MD¹; Christina Morales, PhD²; Cynthia Yen, MPH²; Beth Wittry, MPH¹; Amy Freeland, PhD¹; Sara Naramore, MPH³; Ryan T. Novak, PhD¹; David Daigle, MPH¹; Michelle Weinberg, MD¹; Anna Acosta, MD¹; Carolyn Herzig, PhD¹; Bryan K. Kapella, MD¹; Kathleen R. Jacobson, MD²; Katherine Lamba, MPH²; Atsuyoshi Ishizumi, MPH, MSc¹; John Sarisky, MPH¹; Erik Svendsen, PhD¹; Tricia Blocher, MS²; Christine Wu, MD³; Julia Charles, JD¹; Riley Wagner, MPH¹; Andrea Stewart, PhD¹; Paul S. Mead, MD¹; Elizabeth Kurylo, MCM¹; Stefanie Campbell, DVM¹; Rachel Murray, MPH¹; Paul Weidle, PharmD¹; Martin Cetron, MD¹; Cindy R. Friedman, MD¹; CDC Cruise Ship Response Team; California Department of Public Health COVID-19 Team; Solano County COVID-19 Team

On March 23, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

An estimated 30 million passengers are transported on 272 cruise ships worldwide each year* (1). Cruise ships bring diverse populations into proximity for many days, facilitating transmission of respiratory illness (2). SARS-CoV-2, the virus that causes coronavirus disease (COVID-19) was first identified in Wuhan, China, in December 2019 and has since spread worldwide to at least 187 countries and territories. Widespread COVID-19 transmission on cruise ships has been reported as well (3). Passengers on certain cruise ship voyages might be aged ≥65 years, which places them at greater risk for severe consequences of SARS-CoV-2 infection (4). During February–March 2020, COVID-19 outbreaks associated with three cruise ship voyages have caused more than 800 laboratory-confirmed cases among passengers and crew, including 10 deaths. Transmission occurred across multiple voyages of several ships. This report describes public health responses to COVID-19 outbreaks on these ships. COVID-19 on cruise ships poses a risk for rapid spread of disease, causing outbreaks in a vulnerable population, and aggressive efforts are required to contain spread. All persons should defer all cruise travel worldwide during the COVID-19 pandemic.

During February 7–23, 2020, the largest cluster of COVID-19 cases outside mainland China occurred on the Diamond Princess cruise ship, which was quarantined in the port of Yokohama, Japan, on February 3 (3). On March 6, cases of COVID-19 were identified in persons on the Grand Princess cruise ship off the coast of California; that ship was subsequently quarantined. By March 17, confirmed cases of COVID-19 had been associated with at least 25 additional cruise ship voyages. On February 21, CDC recommended avoiding travel on cruise ships in Southeast Asia; on March 8, this recommendation was broadened to include deferring all

cruise ship travel worldwide for those with underlying health conditions and for persons aged ≥65 years. On March 13, the Cruise Lines International Association announced a 30-day voluntary suspension of cruise operations in the United States (5). CDC issued a level 3 travel warning on March 17, recommending that all cruise travel be deferred worldwide.†

Diamond Princess

On January 20, 2020, the Diamond Princess cruise ship departed Yokohama, Japan, carrying approximately 3,700 passengers and crew (Table). On January 25, a symptomatic passenger departed the ship in Hong Kong, where he was evaluated; testing confirmed SARS-CoV-2 infection. On February 3, the ship returned to Japan, after making six stops in three countries. Japanese authorities were notified of the COVID-19 diagnosis in the passenger who disembarked in Hong Kong, and the ship was quarantined. Information about social distancing and monitoring of symptoms was communicated to passengers. On February 5, passengers were quarantined in their cabins; crew continued to work and, therefore, could not be isolated in their cabins (6). Initially, travelers with fever or respiratory symptoms and their close contacts were tested for SARS-CoV-2 by reverse transcription–polymerase chain reaction (RT-PCR). All those with positive test results were disembarked and hospitalized. Testing was later expanded to support a phased disembarkation of passengers, prioritizing testing of older persons, those with underlying medical conditions, and those in internal cabins with no access to the outdoors. During February 16–23, nearly 1,000 persons were repatriated by air to their home countries, including 329 persons who returned to the United States and entered quarantine or isolation.‡,§

† Warning level 3: avoid non-essential travel due to widespread ongoing transmission: <https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>.

§ Quarantine was used for persons who were exposed; isolation was used for persons who had positive test results for SARS-CoV-2.

‡ Movement for one person with resolved COVID-19 was not restricted.

*Not including river cruises.

The remaining passengers who had negative SARS-CoV-2 RT-PCR test results,** no respiratory symptoms, and no close contact with a person with a confirmed case of COVID-19 completed a 14-day ship-based quarantine before disembarkation. Those passengers who had close contact with a person with a confirmed case completed land-based quarantine, with duration determined by date of last contact. After disembarkation of all passengers, crew members either completed a 14-day ship-based quarantine, were repatriated to and managed in their home country, or completed a 14-day land-based quarantine in Japan.

Overall, 111 (25.9%) of 428 U.S. citizens and legal residents did not join repatriation flights either because they had been hospitalized in Japan or for other reasons. To mitigate SARS-CoV-2 importation into the United States, CDC used temporary “Do Not Board” restrictions (7) to prevent commercial airline travel to the United States,†† and the U.S. Departments of State and Homeland Security restricted travel to the United States for non-U.S. travelers.

** Based on Japanese testing procedures, which at the time included taking one oropharyngeal swab.

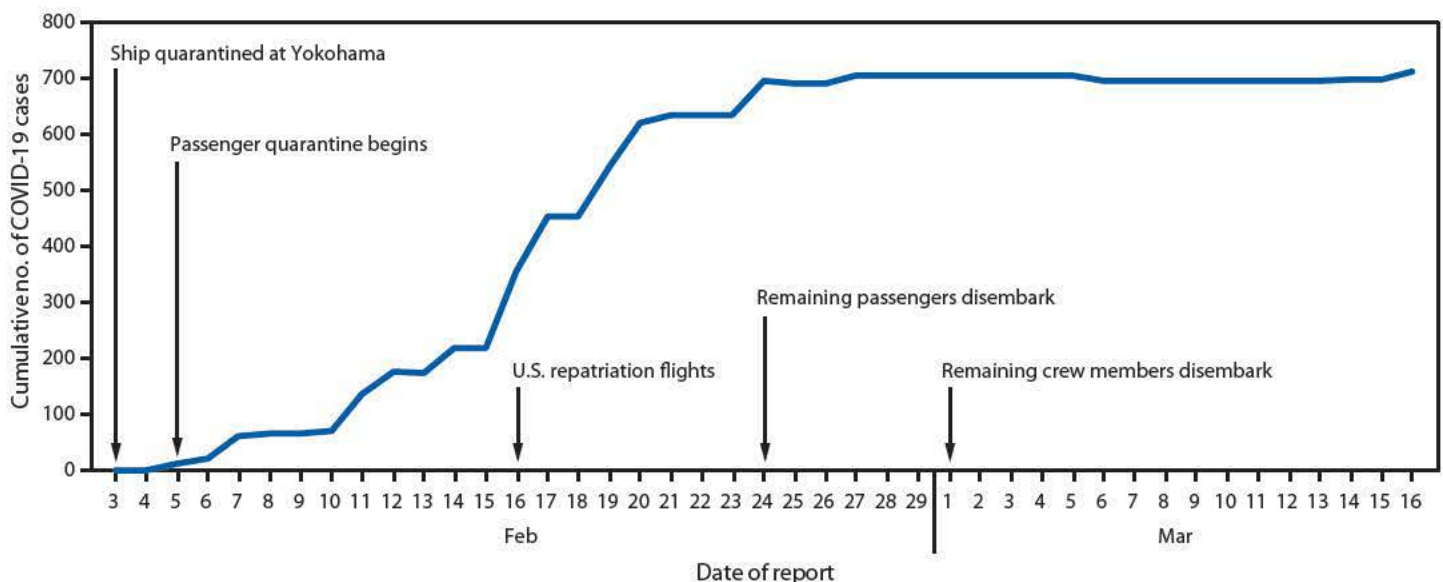
†† Travel restrictions were lifted when persons had either completed a 14-day monitoring period without symptoms or had met clinical criteria for release from isolation. <https://japan2.usembassy.gov/pdfs/alert-20200227-diamond-princess.pdf>.

Among 3,711 Diamond Princess passengers and crew, 712 (19.2%) had positive test results for SARS-CoV-2 (Figure 1). Of these, 331 (46.5%) were asymptomatic at the time of testing. Among 381 symptomatic patients, 37 (9.7%) required intensive care, and nine (1.3%) died (8). Infections also occurred among three Japanese responders, including one nurse, one quarantine officer, and one administrative officer (9). As of March 13, among 428 U.S. passengers and crew, 107 (25.0%) had positive test results for COVID-19; 11 U.S. passengers remain hospitalized in Japan (median age = 75 years), including seven in serious condition (median age = 76 years).

Grand Princess

During February 11–21, 2020, the Grand Princess cruise ship sailed roundtrip from San Francisco, California, making four stops in Mexico (voyage A). Most of the 1,111 crew and 68 passengers from voyage A remained on board for a second voyage that departed San Francisco on February 21 (voyage B), with a planned return on March 7 (Table). On March 4, a clinician in California reported two patients with COVID-19 symptoms who had traveled on voyage A, one of whom had positive test results for SARS-CoV-2. CDC notified the cruise line, which began cancelling group activities on voyage B. More than 20 additional cases of COVID-19 among persons who did not travel on voyage B have been identified from Grand Princess voyage A, the majority in California. One death has been reported. On March 5, a response team was transported

FIGURE 1. Cumulative number of confirmed coronavirus disease 2019 (COVID-19) cases* by date of detection — Diamond Princess cruise ship, Yokohama, Japan, February 3–March 16, 2020



Source: World Health Organization (WHO) coronavirus disease (COVID-2019) situation reports. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>.

* Decline in cumulative number of cases on February 13 and February 25 due to correction by WHO for cases that had been counted twice.

by helicopter to the ship to collect specimens from 45 passengers and crew with respiratory symptoms for SARS-CoV-2 testing; 21 (46.7%), including two passengers and 19 crew, had positive test results. Passengers and symptomatic crew members were asked to self-quarantine in their cabins, and room service replaced public dining until disembarkation. Following docking in Oakland, California, on March 8, passengers and crew were transferred to land-based sites for a 14-day quarantine period or isolation. Persons requiring medical attention for other conditions or for symptoms consistent with COVID-19 were evaluated, tested for SARS-CoV-2 infection, and hospitalized if indicated. During land-based quarantine in the United States, all persons were offered SARS-CoV-2 testing. As of March 21, of 469 persons with available test results, 78 (16.6%) had positive test results for SARS-CoV-2. Repatriation flights for foreign nationals were organized by several governments in coordination with U.S. federal and California state government agencies. Following disinfection of the vessel according to guidance from CDC's Vessel Sanitation Program, remaining foreign nationals will complete quarantine on board. The quarantine will be managed by the cruise company, with technical assistance provided by public health experts.

On February 21, five crew members from voyage A transferred to three other ships with a combined 13,317 passengers on board. No-sail orders^{§§} were issued by CDC for these ships until medical logs were reviewed and the crew members tested negative for SARS-CoV-2.

Additional Ships

The Diamond Princess and Grand Princess had more than 800 total COVID-19 cases, including 10 deaths. During February 3–March 13, in the United States, approximately 200 cases of COVID-19 were confirmed among returned cruise travelers from multiple ship voyages, including the Diamond Princess and Grand Princess, accounting for approximately 17% of total reported U.S. cases at the time (10). Cases linked with cruise travel have been reported to CDC in at least 15 states. Since February, multiple international cruises have been implicated in reports of COVID-19 cases, including at least 60 cases in the United States from Nile River cruises in Egypt (Figure 2). Secondary community-acquired cases linked to returned passengers on cruises have also been reported (CDC, unpublished data, 2020).

Discussion

Public health responses to COVID-19 outbreaks on cruise ships were aimed at limiting transmission among passengers and crew, preventing exportation of COVID-19 to other communities, and assuring the safety of travelers and responders.

^{§§} CDC has the authority to institute a no-sail order to prevent ships from sailing when it is reasonably believed that continuing normal operations might subject newly arriving passengers to disease.

TABLE. Demographic characteristics of passengers and crew members on board two cruise ships with COVID-19 outbreaks January 20–March 8, 2020

Characteristic	Diamond Princess (total 3,711 persons)		Grand Princess, voyage B (total 3,571 persons)	
	Crew	Passengers	Crew	Passengers
Total no.	1,045	2,666	1,111	2,460
Age median (interquartile range), yrs	36 (29–43)	69 (62–73)	36 (30–43)	68 (61–74)
Total nations represented	48	36	44	24
Country of residence of passengers, no. (%)				
Japan	N/A	1,281 (48)	N/A	3 (1)
United States	N/A	416 (16)	N/A	2,008 (82)
Hong Kong	N/A	260 (10)	N/A	0 (0)
Canada	N/A	251 (9)	N/A	231 (9)
Australia	N/A	223 (8)	N/A	1 (0)
United Kingdom	N/A	57 (2)	N/A	113 (4)
Other countries or unknown	N/A	178 (7)	N/A	104 (4)
Country of residence of crew members, no. (%)				
Philippines	531 (51)	N/A	529 (48)	N/A
India	132 (13)	N/A	131 (12)	N/A
Indonesia	78 (7)	N/A	57 (5)	N/A
Other countries or unknown	304 (29)	N/A	394 (35)	N/A
Sex, no. (%)				
Male	843 (81)	1,189 (45)	928 (84)	1,120 (46)
Female	202 (19)	1,477 (55)	183 (16)	1,340 (54)
No. of persons per cabin, mean (range)	1.73 (1–3)	1.98 (1–4)	1.75 (1–4)	1.95 (1–4)

Abbreviation: N/A = not applicable.

These responses required the coordination of stakeholders across multiple sectors, including U.S. Government departments and agencies, foreign ministries of health, foreign embassies, state and local public health departments, hospitals, laboratories, and cruise ship companies. At the time of the Diamond Princess outbreak, it became apparent that passengers disembarking from cruise ships could be a source of community transmission. Therefore, aggressive efforts to contain transmission on board and prevent further transmission upon disembarkation and repatriation were instituted. These efforts included travel restrictions applied to persons, movement restrictions applied to ships, infection prevention and control measures, (e.g., use of personal protective equipment for medical and cleaning staff), disinfection of the cabins of persons with suspected COVID-19, provision of communication materials, notification of state health departments, and investigation of contacts of cases identified among U.S. returned travelers.

Cruise ships are often settings for outbreaks of infectious diseases because of their closed environment, contact between travelers from many countries, and crew transfers between ships. On the Diamond Princess, transmission largely occurred among passengers before quarantine was implemented, whereas crew infections peaked after quarantine (6). On the Grand Princess, crew members were likely infected on voyage A and then transmitted SARS-CoV-2 to passengers on voyage B. The results of testing of passengers and crew on board the Diamond Princess demonstrated a high proportion (46.5%)

of asymptomatic infections at the time of testing. Available statistical models of the Diamond Princess outbreak suggest that 17.9% of infected persons never developed symptoms (9). A high proportion of asymptomatic infections could partially explain the high attack rate among cruise ship passengers and crew. SARS-CoV-2 RNA was identified on a variety of surfaces in cabins of both symptomatic and asymptomatic infected passengers up to 17 days after cabins were vacated on the Diamond Princess but before disinfection procedures had been conducted (Takuya Yamagishi, National Institute of Infectious Diseases, personal communication, 2020). Although these data cannot be used to determine whether transmission occurred from contaminated surfaces, further study of fomite transmission of SARS-CoV-2 aboard cruise ships is warranted.

During the initial stages of the COVID-19 pandemic, the Diamond Princess was the setting of the largest outbreak outside mainland China. Many other cruise ships have since been implicated in SARS-CoV-2 transmission. Factors that facilitate spread on cruise ships might include mingling of travelers from multiple geographic regions and the closed nature of a cruise ship environment. This is particularly concerning for older passengers, who are at increased risk for serious complications of COVID-19 (4). The Grand Princess was an example of perpetuation of transmission from crew members across multiple consecutive voyages and the potential introduction of the virus to passengers and crew on other ships. Public health responses to cruise ship outbreaks require extensive resources. Temporary suspension of cruise ship travel during the current phase of

FIGURE 2. Cruise ships with coronavirus disease 2019 (COVID-19) cases requiring public health responses — worldwide, January–March 2020



Summary**What is already known about this topic?**

Cruise ships are often settings for outbreaks of infectious diseases because of their closed environment and contact between travelers from many countries.

What is added by this report?

More than 800 cases of laboratory-confirmed COVID-19 cases occurred during outbreaks on three cruise ship voyages, and cases linked to several additional cruises have been reported across the United States. Transmission occurred across multiple voyages from ship to ship by crew members; both crew members and passengers were affected; 10 deaths associated with cruise ships have been reported to date.

What are the implications for public health practice?

Outbreaks of COVID-19 on cruise ships pose a risk for rapid spread of disease beyond the voyage. Aggressive efforts are required to contain spread. All persons should defer all cruise travel worldwide during the COVID-19 pandemic.

the COVID-19 pandemic has been partially implemented by cruise lines through voluntary suspensions of operations, and by CDC through its unprecedented use of travel notices and warnings for conveyances to limit disease transmission (5).

Acknowledgments

Staff members responding to COVID-19 outbreaks on cruise ships; Japan's Ministry of Health, Labour and Welfare; California Department of Public Health; cruise ship passengers; Princess Cruises; Christina Armantas, Matthew Bacinkas, Cynthia Bernas, Brandon Brown, Teal Bullick, Lyndsey Chaille, Martin Cilnis, Gail Cooksey, Ydelita Gonzales, Christopher Kilonzo, Chun Kim, Ruth Lopez, Dominick Morales, Chris Preas, Kyle Rizzo, Hilary Rosen, Sarah Rutschmann, Maria Vu, California Department of Public Health, Richmond and Sacramento; Ben Gammon, Ted Selby, Solano County Public Health; Medic Ambulance Service; NorthBay HealthCare; Sutter Solano Medical Center; Kaiser Permanente Vallejo Medical Center; Kaiser Permanente Vacaville Medical Center; field teams at repatriation sites; National Institute of Infectious Diseases, Japan.

CDC Cruise Ship Response Team

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Paul W. Smith, CDC; Farrell Tobolowsky, CDC; Aimee Treffiletti, CDC; Megan Wallace, CDC; Jonathan Yoder, CDC.

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All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

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From: (b) (6) [CAPT USN, USS Theodore Roosevelt](#)
To: [ALL OFFICERS](#); [ALL CHIEFS](#)
Cc: (b) (6) [CAPT USN, CVW-11 DCAG](#); (b) (6) [CAPT USN, COMDESRON23](#)
Subject: Plan for Guam Day 1
Date: Thursday, March 26, 2020 6:10:12 PM
Attachments: [Guam Kilo Wharf.pptx](#)

Rough Riders,

Here is the plan/priorities for the day:

1) Safe Mooring of TR on KILO Wharf (4 tugs confirmed), Naval Base Guam
personnel hook up all shore services

NOTE: TR Sailors are not allowed on the pier until all NBG personnel are clear and outside of the Force Health Protection Boundary (FHPB) (see attached). TR XO will authorize pier access.

***Two large tents with tables and chairs are set up inside the FHPB. LOGREQ Cell phones, a Radio and rental car keys will be left on the table

2) Transfer of ISOLATION personnel (COVID-19 positive/presumed positive): TR Medical and Leadership depart ship to pier. TR Medical will begin transport of isolation personnel per NBG procedures (Medical: see SIPR).

NOTE: Transfer will occur via CTF-75 trucks. TR personnel should not directly interact with CTF-75 drivers. Execute social distancing at all times. (6 feet separation)

3) Following the completion of Medical testing, 20 designated Reactor personnel will be transferred to isolation barracks. These personnel are NOT positive/presumed positive.

4) SERVICES DELIVERY: Other tents, chairs and tables requested in the LOGREQ are staged at the pier ready for set up. Working party required. A CLEAN drop off area has been established at the far western edge of Kilo pier. TR personnel can enter once NBG personnel are clear. IF NBG personnel are required to enter the FHPB, TR personnel are required to return to the ship.

5) Transfer of QUARANTINE personnel. If NBG can support, we may begin transfer of quarantine personnel this afternoon. Priority will be Reactor, Engineering, Air and Supply in that order.

Other notes:

- TR rental vans will be utilized to transport personnel to the Quarantine Location (quarantine procedures to follow)
- NBG personnel are not authorized to enter the FHPB. The area within the FHPB is exclusively for TR personnel.
- NBG Security will man the Kilo Wharf ECP outside the FHPB.
- Pierside WiFi maybe ready late Friday. Likely Saturday.
- A clearly marked TR rental vehicle will be authorized ingress/egress through the Kilo Wharf ECP. ECP Security will not check IDs of driver. Use requires TR XO permission.

More to follow,
XO

CAPT (b) (6), USN

Executive Officer

USS THEODORE ROOSEVELT (CVN 71)

In Port: (b) (6)

At Sea: (b) (6)

Cell: (b) (6)

Jdial: (b) (6)



From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: (b) (6) CAPT USN COMPACFLT N01H (USA); (b) (6) CAPT USN, C7F
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
Subject: RE: WARNORD for BUMED
Date: Tuesday, March 24, 2020 8:30:40 PM

Yep, two separate tests as they both had ILI sx's.

No on the PMO - just got here last night, still trying to get him computer access.

I do not seem to have any time from anything but "emergent needs." Weirdest thing...

v/r,

(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN COMPACFLT N01H (USA)
[mailto:(b) (6)@navy.mil]
Sent: Wednesday, March 25, 2020 7:52 AM
To: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, C7F
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
Subject: RE: WARNORD for BUMED

Thanks (b) (6). In other words, 2 samples run for two patients, "deidentified."

Not 2 samples run in one group.

Appreciate your work. Is your PMO working a summary of the cases/contact/travel hx/etc? Would be great to see as you get time from the emergent needs.

V/R,

(b) (6)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
<(b) (6)@cvm71.navy.mil>
Sent: Tuesday, March 24, 2020 12:44 PM
To: (b) (6) CAPT USN COMPACFLT N01H (USA)
<(b) (6)@navy.mil>; (b) (6) CAPT USN, C7F
<(b) (6)@lcc19.navy.mil>
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
<(b) (6)@navy.mil>
Subject: RE: WARNORD for BUMED

I politely asked the microbiologist to de-identify the tests. Surveillance is all well and good, but we need actionable information.

v/r,

(b)

-----Original Message-----

From: (b) (6) CAPT USN COMPACFLT N01H (USA)
[mailto:(b) (6)@navy.mil]
Sent: Wednesday, March 25, 2020 5:55 AM
To: (b) (6) CAPT USN, C7F; (b) (6) CAPT USN, USS Theodore
Roosevelt
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
Subject: RE: WARNORD for BUMED

(b),

Copy on the BUMED support. Will reach back to NMCPHC and give heads up.

I was asked by OPNAV how the first two Sailors were identified as COVID (+),
how did we specify these two individuals?

V/R,

(b)

-----Original Message-----

From: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>
Sent: Tuesday, March 24, 2020 10:08 AM
To: (b) (6) CAPT USN, USS Theodore Roosevelt'
<(b) (6)@cvn71.navy.mil>; (b) (6) CAPT USN COMPACFLT N01H
(USA) <(b) (6)@navy.mil>
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
<(b) (6)@navy.mil>
Subject: RE: WARNORD for BUMED

Hi (b),

I agree completely.

V/r

(b).

Meanwhile will send an email.

V/r

(b)

-----Original Message-----

From: (b) (6) CAPT USN, USS Theodore Roosevelt
[mailto:(b) (6)@cvn71.navy.mil]
Sent: Wednesday, March 25, 2020 1:04 AM
To: (b) (6) CAPT USN, C7F <(b) (6)@lcc19.navy.mil>;
(b) (6) CAPT USN COMPACFLT N01H (USA)'
<(b) (6)@navy.mil>
Cc: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
<(b) (6)@navy.mil>
Subject: WARNORD for BUMED

(b) and (b),

Requesting a WARNORD to Navy Medicine to be prepared to support the TR when
we pull into Guam. Did batch testing of 192 samples tonight (these were the
close contacts from the first two positive sailors - both from the air

wing). 192 sailors in groups of 5, with 9 positive group tests meaning 1-5 people per group test were positive = $9 \cdot 45 / 200$ positive = 4.7-23.4%. Will get the individual results tomorrow and work to get them off the ship. Will also do contact testing (approx.. 200) on the +sailor from Rx. Needless to say, this is not good, and following up on my previous email I believe we're at the tipping point and anyone who is defined as an ILI is a presumptive +COVID-19 and should be treated as such. Thoughts?

v/r,

(b)

(b) (6), MD
CAPT MC(FS) USN
Senior Medical Officer
USS Theodore Roosevelt (CVN-71)
Work: (b) (6)
J-dial: (b)
Cell: (b) (6)

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Sent: Monday, May 18, 2020 9:13 PM

To: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

<(b) (6)@navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: RE: Interview Statement

Seemed to grow legs up-echelon. I got it from CPF, but I know he got it from Echelon I as well. We were asked fairly continuously about percent tested within a day or two of pulling in. Questions ramped up further when it was believed we could pound out 1000/day within the first week. Notwithstanding the misconceptions about actual capacity and the politics in Korea, the process of testing off-island was fraught with logistics friction (planes, swabs, etc.). When it settled out, it impedance matched the rest of the process at about 400-600 per day. We might have gained a couple of days if the capacity was real and ready, but it wasn't. Is now, but following all of the fits and starts that have since been worked out (on the Korea side). The flow of questions did not slow us down, but did consume bandwidth.

VR,
Bill

VADM Bill Merz

U.S. 7th Fleet

Primary (also forwards to secondary):

(b) (6)@lcc19.navy.mil

(b) (6)@lcc19.navy.smil.mil

Secondary:

(b) (6)@fe.navy.mil

(b) (6)@fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

[mailto:(b) (6)@navy.mil]

Sent: Tuesday, May 19, 2020 12:27 AM

To: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: RE: Interview Statement

Bill,

One alibi - when and from whom did you understand the requirement for 100% testing of the crew? No need to modify statement, just looking for your thoughts on this.

v/r

Rich

Vice Admiral Richard A. Brown, USN
Command Investigation Team Chief of Staff
Vice Chief of Naval Operations

(b) (6)

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-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Sent: Sunday, May 17, 2020 7:00 PM

To: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

<(b) (6)@navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: RE: Interview Statement

Rich,

Attached. Standing by for additional questions.

I'm sending you my AAR from my TR visit on SIPR - I think you will find it very helpful. Also, I make reference to our report on COD flights. Do you have it? Do you want it?

VR,
Bill

VADM Bill Merz

U.S. 7th Fleet

Primary (also forwards to secondary):

(b) (6) @lcc19.navy.mil

(b) (6) @lcc19.navy.smil.mil

Secondary:

(b) (6) @fe.navy.mil

(b) (6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

[mailto:(b) (6) @navy.mil]

Sent: Saturday, May 16, 2020 11:56 PM

To: Merz, William R. VADM USN, C7F <(b) (6) @lcc19.navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6) @navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6) @navy.mil>

Subject: RE: Interview Statement

No probs Bill.

v/r

Rich

Vice Admiral Richard A. Brown, USN

Commander, Naval Surface Forces

Commander, Naval Surface Force, U.S. Pacific Fleet

2841 Rendova Road

San Diego, CA 92155

(W) (b) (6)

(C) (b) (6)

(b) (6) @navy.mil

(b) (6) @navy.smil.mil

-----Original Message-----

From: Merz, William R. VADM USN, C7F <(b) (6) @lcc19.navy.mil>

Sent: Saturday, May 16, 2020 10:52 AM

To: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

<(b) (6) @navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) (b) (6) @navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)>@navy.mil>

Subject: RE: Interview Statement

Rich,

Bad news is I'll be a little late, good news is it's Sunday here and this has my full attention.

VR,
Bill

VADM Bill Merz

U.S. 7th Fleet

Primary (also forwards to secondary):

(b) (6) @lcc19.navy.mil

(b) (6) @lcc19.navy.smil.mil

Secondary:

(b) (6) @fe.navy.mil

(b) (6) @fe.navy.smil.mil

"Play Hard"

-----Original Message-----

From: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US)

[mailto:(b) (6)@navy.mil]

Sent: Friday, May 15, 2020 7:23 AM

To: Merz, William R. VADM USN, C7F <(b) (6)@lcc19.navy.mil>

Cc: Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6)@navy.mil>;

(b) (6) CAPT USN NAVY JAG WASH DC (USA) <(b) (6)@navy.mil>;

(b) (6) CIV USN COMNAVSAFECEN NOR VA (USA)

<(b) (6)@navy.mil>

Subject: Interview Statement

Bill,

Attached is a draft summary of what was discussed during the recent telephonic interview. Please review, and then edit the statement for accuracy and/or conciseness. Once you have made any necessary changes or additions, please return your signed statement to me for inclusion in our investigation report.

Finally, if there is any additional information you would like to add or

documents you feel are relevant to this investigation, please provide them with your response. Your response is requested no later than 1500 EDT on 16 May 2020. Please direct any questions to me at the below contact information or by replying all to this email. Thank you.

V/r

Rich

Vice Admiral Richard A. Brown, USN

Command Investigation Team Chief of Staff

Vice Chief of Naval Operations

(b) (6)

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From: (b) (6) CDR USN, C7F
To: (b) (6) LT USN VCNO (USA)
Cc: C7F-COVID-WG; C7F ABWC; C7F BWC; (b) (6) CAPT USN, C7F
Subject: RE: TR Command Investigation - RFI Follow-up
Date: Tuesday, May 19, 2020 11:54:03 PM

LT (b) (6) ,

The reply to the RFI is below.

=====

RFI 1: Please specify which Okinawa base(s) were designated to provide rooms for TR Sailors prior to the decision to transit to Guam.

- C7F and III MEF designated approximately 5,000 beds throughout the USMC facilities on Okinawa: MCAS Futenma, MCB Butler and outlying camps

RFI 2: for the 3 task forces established in Guam provide

Commander name, rank and billet

Date TF stood up

Units assigned to each and on what date

Brief description of TF mission

Approx date that coordination began to establish TF and move supporting units

Other info you think may be helpful to the investigation

TF TR Revive

- Commander: NB Guam, CAPT (b) (6)
- Stood up: 27 Mar
- Comprised of NB Guam and tenant command personnel
- Provides general support for lodging, transportation, and sustaining TR personnel ashore
- NBG stood up TF TR Revive in house without formal coordination. No units were required to move for establishment.

TF Hotel

- Commander: CNR Guam, RDML Menoni, John
- Stood up 31 Mar
- Comprised of NB Guam and tenant command personnel, and USMC security forces
- Provides support to personnel lodged in off-base hotels and coordination for their medical monitoring.
- NBG stood up TF Hotel to assist in the contracting of hotels for TR personnel, transportation to / from NB Guam, and sustaining the personnel housed in the rooms.

TF Medical

- Commander: CAPT (b) (6) 3d MED Bat
- Stood up 31 Mar by C7F order
- Comprised of TR Medical Department, 3d MED Bat, 3d Marine Logistics Group, SPRINT support, and additional BUMED personnel
- Provides medical support to TR, collects and disseminates outbreak data, coordinates with USNH Guam

V/R,

CDR (b) (6)

C7F COVID Response Cell

J-Dial: (b) (6)

DSN in port: (b) (6)

COM in port: (b) (6)

-->DSN underway: (b) (6) ← New 7 April

-->COM underway: (b) (6) ← New 7 April

-->SIPR: (b) (6) @lcc19 navy.smil.mil

NIPR Ashore: (b) (6) @fe navy mil

-----Original Message-----

From: C7F BWC

Sent: Tuesday, May 19, 2020 9:59 AM

To: (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>

Cc: C7F-COVID-WG <(b) (6) @lcc19 navy.mil>; C7F ABWC <(b) (6) @lcc19.navy mil>

Subject: RE: TR Command Investigation - RFI Follow-up

(b) (6),

Due to intermittent NIPR connectivity, we must have not been in receipt of the two original RFI emails in question. Discussed with our COVID Working Group folks, answers being staffed now.

Very Respectfully,

LCDR (b) (6)

COMSEVENTHFLT, Battle Watch Captain

NIPR (b) (6) @LCC19.NAVY.MIL

SIPR (b) (6) @LCC19.NAVY.SMIL.MIL

DSN: (b) (6)

J-DIAL: (b) (6)

COMM (b) (6)

TANDBERG: (b) (6)

DRSN (b) (6)

-----Original Message-----

From: (b) (6) LT USN VCNO (USA) [[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)]

Sent: Tuesday, May 19, 2020 4:14 AM

To: C7F BWC <(b) (6) @lcc19 navy mil>

Subject: RE: TR Command Investigation - RFI Follow-up

Thank you, sir.

Very respectfully,

LT (b) (6)

Command Investigation Team

Vice Chief of Naval Operations

O: (b) (6)

Pentagon Room (b) (6)

Washington, DC 20350-1000

(b) (6) @navy.(smil.)mil

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-----Original Message-----

From: C7F BWC <(b) (6) @lcc19 navy.mil>
Sent: Monday, May 18, 2020 3:12 PM
To: (b) (6) LT USN VCNO (USA) <(b) (6) @navy.mil>
Cc: C7F ABWC <(b) (6) @lcc19 navy.mil>
Subject: RE: TR Command Investigation - RFI Follow-up

Rgr, in receipt. Will query our POCs and provide status update as soon as possible.

Very respectfully,

LCDR (b) (6)
COMSEVENTHFLT, Battle Watch Captain
NIPR (b) (6) @LCC19.NAVY.MIL
SIPR (b) (6) @LCC19.NAVY.SMIL.MIL
DSN: (b) (6)
J-DIAL: (b) (6)
COMM (b) (6)
TANDBERG: (b) (6)
DRSN (b) (6)

-----Original Message-----

From: (b) (6) LT USN VCNO (USA) [[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)]
Sent: Tuesday, May 19, 2020 4:03 AM
To: C7F BWC <(b) (6) @lcc19 navy.mil>
Cc: C7F ABWC <(b) (6) @lcc19 navy.mil>; C7F-COVID-WG <(b) (6) @lcc19.navy.mil>; C7F-N31-COPS <(b) (6) @lcc19 navy.mil>; CPF.CATBWC <(b) (6) @navy.mil>; CPF.CATCHIEF <(b) (6) @navy.mil>;
CSG9 BWC <(b) (6) @ccsg9 navy.mil>
Subject: TR Command Investigation - RFI Follow-up

****PRE-DECISIONAL / DELIBERATIVE INFORMATION // FOR OFFICIAL USE ONLY****

Good afternoon C7F BWC,

I'm writing to follow-up on the status of several of our RFIs and when we might expect the answers. Thank you for your help.

Request confirm receipt of this email.

Please have the information available for closeout within 24 hours of receipt.

Point of Contact (NIPR): LT (b) (6) (b) (6) @navy.mil <[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)>

If information is sent via SIPR, please email: LCDR (b) (6) :
(b) (6) @navy.smil.mil <[mailto:\(b\) \(6\) @navy.smil.mil](mailto:(b) (6) @navy.smil.mil)> and LT

(b) (6) : (b) (6) @navy.smil mil
<[mailto:\(b\) \(6\)@navy.smil.mil](mailto:(b) (6)@navy.smil.mil)>

Status check for RFIs (not new tasking):

RFI 1: Please specify which Okinawa base(s) were designated to provide rooms for TR Sailors prior to the decision to transit to Guam

RFI 2: Our understanding is that there are 3 Task Forces established in Guam:

TASK FORCE REVIVE

TASK FORCE HOTEL

TASK FORCE MED

Please provide Task Force (TF): Commander name, rank, billet; what date the TF stood-up; what units fell into each TF and on what date; brief description of each TF mission; approximate date that coordination began to establish TF and move supporting units; other info that you think may be helpful to the investigation regarding TF efforts such as challenges to TF mission or unit movement to include any challenges with C2 and communications and mission execution.

Thank you for your time and assistance.

Very respectfully,

LT (b) (6)

Command Investigation Team

Vice Chief of Naval Operations

O: (b) (6)

Pentagon Room (b) (6)

Washington, DC 20350-1000

(b) (6) @navy.(smil.)mil <[mailto:\(b\) \(6\)@navy.\(smil.\)mil](mailto:(b) (6)@navy.(smil.)mil)>

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From: (b) (6) @fe.navy.mil
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt
Subject: RE: New Normal
Date: Sunday, March 29, 2020 4:26:45 PM

Chopper,

I was able to speak with both the AF and USMC commanders and they are tracking your request. I'm sure that you are aware that is being worked at the highest levels. Long story short, we don't have 500p rooms but will do whatever we can to support. Please don't hesitate to reach out.

V/R,

(b) (6)

Sent with BlackBerry Work
(www.blackberry.com)

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
<(b) (6) @cvn71.navy.mil<[mailto:\(b\) \(6\) @cvn71.navy.mil](mailto:(b) (6) @cvn71.navy.mil)>>
Date: Sunday, Mar 29, 2020, 18:18
To: (b) (6) CAPT USN CFAO <(b) (6) @fe.navy.mil<[mailto:\(b\) \(6\) @fe.navy.mil](mailto:(b) (6) @fe.navy.mil)>>
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt
<(b) (6) @cvn71.navy.mil<[mailto:\(b\) \(6\) @cvn71.navy.mil](mailto:(b) (6) @cvn71.navy.mil)>>, (b) (6) CMC USN, USS
Theodore Roosevelt <(b) (6) @cvn71.navy.mil<[mailto:\(b\) \(6\) @cvn71.navy.mil](mailto:(b) (6) @cvn71.navy.mil)>>
Subject: FW: New Normal

(b) (6),

Good evening.

Reaching out to get some fidelity on the latest proposal to get the TR 5,000 barracks rooms in Okinawa. Just curious if you have any idea on where they might be should we be able to figure out a way to get a couple thousand Sailors up there. All would be asymptomatic before travel. Not sure this is the best plan (would require airlifts from Anderson, etc...) but it is the only one being offered to us from 7F and isolation is the only real way to combat this.

Thanks in advance.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

From: (b) (6) [CAPT USN, USS Theodore Roosevelt](#)
To: (b) (6) [CAPT USN VCNO \(USA\)](#)
Cc: (b) (6) [CMC USN, USS Theodore Roosevelt](#)
Subject: Interview follow up
Date: Monday, April 6, 2020 8:31:49 PM

(b) (6),

VCNO asked for me to check on the number of Sailors we had in aft berthing (messing in the CPO mess) when we decided to stop segregating berthing on the ship. We lifted the segregation order on Sunday, 29 March (Day 3 in port Guam).

My CMC and I estimate 900-1000 Sailors.

BACKGROUND: The majority of the berthing aft of frame 200 on the 1st, 2nd and 3rd decks had been cut off from the rest of the ship. They were all messing in the CPO mess and we had reached max capacity. We were about to start forward at the bow with Air berthing and convert WR 1/2 into "quarantine" messing. At the same time, we continued to get positive results in other parts of the ship. I was running out of room on the DC plates to move people around. The simultaneous movement of Sailors into the gyms off ship created more space but not enough. We still had over 4,000 on board. Around the same time, we received our first positive results from Sailors living in the gyms. This confirmed our suspicions that the gyms would not stop the virus from hopping from Sailor to Sailor. They were/are not a Safe Haven. This all drove us toward the conclusion that everyone on board was close contact. Continued Segregation of the was an ineffective strategy. It had an additional negative impact. Sailor perceived we were creating "leper colonies" back aft. Any legitimate human suffering in aft berthing seemed increasingly unnecessary. SMO, CMC and I recommended to CAPT Crozier that we change strategies and he convinced RDML Baker it was the correct call.

Hope that helps. I will look for some more emails that back this up and send them your way.

V/R

(b) (6)

CAPT (b) (6), USN
Executive Officer
USS THEODORE ROOSEVELT (CVN 71)
In Port: (b) (6)
At Sea: (b) (6)
Cell: (b) (6)
Jdial: (b) (6)

From: (b) (6) CAPT USN NBG
To: "Crozier, Brett E CAPT USN, USS Theodore Roosevelt"
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CMC USN, USS Theodore Roosevelt;
(b) (6) CMDCM USN, CVW-11; (b) (6) MCPO USN NBG; (b) (6) CAPT USN, CVW-11
DCAG; (b) (6) LCDR USN NAVSUP FLCY; (b) (6) MCPO USN NBG
Subject: RE: NBG CMC tour
Date: Saturday, March 28, 2020 10:38:30 PM

Chopper,

Roger all on TR CMC conducting "battlefield circulation"...CMC (b) (6) will go direct to coordinate/arrange.

Understand all and I am involved in the working the WiFi....

Very respectfully,
CAPT (b) (6)
Commanding Officer
Naval Base Guam

W: (b) (6)
C: (b) (6)
NIPR: (b) (6) @fe.navy.mil
SIPR: (b) (6) @fe.navy.smil mil

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
[mailto:(b) (6) @cvn71.navy.mil]
Sent: Sunday, March 29, 2020 11:39 AM
To: (b) (6) M CAPT USN NBG <(b) (6) @fe.navy.mil>
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt
<(b) (6) @cvn71.navy.mil>; (b) (6) CMC USN, USS Theodore
Roosevelt <(b) (6) @cvn71.navy.mil>; (b) (6) CMDCM USN, CVW-11
<(b) (6) @cvw11.navy.mil>; (b) (6) MCPO USN NBG
<(b) (6) @FE.navy.mil>; (b) (6) CAPT USN, CVW-11 DCAG
<(b) (6) @cvw11.navy.mil>
Subject: NBG CMC tour

(b) (6),

Good morning.

I'd like to have my CMC (b) (6) and the CVW CMC (b) (6) get eyes on the various berthing sites ashore so we can ensure we clearly understand what we're sending our Sailors to. Many questions IRT quarantine vs isolation facilities, and what Sailors can expect when we push them ashore.

Recommend they push out early afternoon today with CMC (b) (6) or anyone else that is available.

Question regarding wifi - I'm going to let Sailors start hanging out on the pier today. I need to get them off ship and some sun and fresh air. Is wifi going to be set up today?

Thanks.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: (b) (6) CDR USN, USS Theodore Roosevelt; ALL OFFICERS; ALL CHIEFS
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT CVW11 CAG; (b) (6) CAPT CDS23 DCRE; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, CCSG9; (b) (6) CMDCM USN, CVW-11
Subject: RE: Pier Gym Use
Date: Monday, March 30, 2020 9:59:17 PM

Please... no sea lawyering on this one. If you get push back on the spotter issue, the correct answer is "Use lighter weights" or "Pick a different exercise."

Use of the gym at all is a privilege on very shaky ground.

-Big Stick XO

-----Original Message-----

From: (b) (6) CDR USN, USS Theodore Roosevelt
Sent: Tuesday, March 31, 2020 11:53 AM
To: ALL OFFICERS; ALL CHIEFS
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CSSG9; (b) (6) CAPT CVW11 CAG; (b) (6) CAPT CDS23 DCRE; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, COMDESRON23; (b) (6) CMC USN, CCSG9; (b) (6) CMDCM USN, CVW-11
Subject: Pier Gym Use
Importance: High

All,

The gym on the pier is currently open and I need everyone's help adhering to the following guidelines.

- If you are using the gym, spread out and keep at least six feet of separation (e.g., no spotters for heavy lifting).
- Utilize gym wipes provided to clean up after using any of the equipment.
- Daily Gym Hours: 0500-0700 and once official business and personnel transfers are complete (typically after 1000).

Thank you for your support as we continue looking for ways to best fight the spread of this virus.

V/r
SUPPO

From: (b) (6)
To: [Crozier, Brett E CAPT USN, USS Theodore Roosevelt](#)
Cc: (b) (6) [CAPT USN, USS Theodore Roosevelt](#)
Subject: RE: Please Call
Date: Monday, March 30, 2020 6:08:48 AM

Chopper,

Tried to call you back.

We halted because we were told only 1 person per room.

Apra Palms are 4BDRM home that we have configured to hold 6 personnel. I have 15 of them ready which gave us the 90pax. If TR wants to limit these houses to 4 then I only have 60 ready.

WRT barracks we got several of them ready - plan was 2 pax per room but if we limit to 1 pax per room much less overall space.

I gave my team order to discuss with ECC 4 or 6 pax in Apra Palms and 1 or 2 pax to Barracks and execute as desired by TR ECC.

Be advised I have orders to create 2000 beds for TR.

Very respectfully,
CAPT (b) (6)
Commanding Officer
Naval Base Guam

W: (b) (6)
C: (b) (6)
NIPR: (b) (6) @fe.navy.mil
SIPR: (b) (6) @fe.navy.smil.mil

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
[\[mailto:\(b\) \(6\)@cvn71.navy.mil\]](mailto:(b) (6)@cvn71.navy.mil)
Sent: Monday, March 30, 2020 7:54 PM
To: (b) (6) CAPT USN NBG <(b) (6)@fe.navy.mil>
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt
<(b) (6)@cvn71.navy.mil>
Subject: RE: Please Call

(b) (6),

Tried calling.

We were told that we were on hold to move our 90 Rx Sailors - had planned on Apra Palms but your BWC apparently stated they would go to the Barracks (11, 12, 13). We're standing by with Sailors in the Hangar Bay and vehicles on the pier - in a holding pattern that I'd like to get moving.

Some word that Apra Palms rooms was going to be reconfigured to add additional racks in the bedrooms so we now need to hold on moving folks to

Apra Palms as well?

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: (b) (6) @fe navy.mil [mailto:(b) (6) @fe navy.mil]
Sent: Monday, March 30, 2020 6:45 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Subject: Please Call

Chopper,

Please give me ring about the 90 pax.

Very respectfully,
CAPT (b) (6)
Commanding Officer
Naval Base Guam

W: (b) (6)
C: (b) (6)
NIPR: (b) (6) @fe navy.mil
SIPR: (b) (6) @fe.navy.smil mil

From: [Burke, Robert P ADM USN VCNO \(USA\)](#)
To: [\(b\) \(6\)](#) [CAPT USN VCNO \(USA\); \(b\) \(6\)](#) [LT USN VCNO \(USA\); \(b\) \(6\)](#)
[\(b\) \(6\)](#) [CDR USN VCNO \(USA\); \(b\) \(6\)](#) [CAPT USN VCNO \(USA\)](#)
Subject: FW: Support Requirements
Date: Wednesday, April 1, 2020 7:27:55 AM

From: Love, Robert E SES (USA)
Sent: Wednesday, April 01, 2020 7:27:49 AM (UTC-05:00) Eastern Time (US & Canada)
To: Burke, Robert P ADM USN VCNO (USA)
Cc: Haeuptle, Andrew S SES USN DNS (USA)
Subject: FW: Support Requirements

VCNO,

Thought I'd share this note that I sent to CO, TR on Monday. I followed it up with a phone call that afternoon (around 1530 EST/0530 Guam).

I tried calling him last night and again this am...no luck.

VR

Bob

From: Love, Robert E SES (USA)
Sent: Monday, March 30, 2020 7:35 AM
To: [\(b\) \(6\)](#) [@cvn71.navy.mil](#)
Cc: Deal, Steven E SES USN (USA) [<\(b\) \(6\) @navy.mil>](#); [\(b\) \(6\)](#) CAPT USN UNSECNAV DC (USA) [<\(b\) \(6\) @navy.mil>](#); 'Gillingham, Bruce L RADM USN CNO (USA)' [<\(b\) \(6\) @mail.mil>](#); Haeuptle, Andrew S SES USN DNS (USA) [<\(b\) \(6\) @navy.mil>](#)
Subject: Support Requirements

CAPT Crozier,

Thanks for taking time to talk yesterday. We have decided not to visit TR so you can continue to focus on the health and welfare of your sailors.

What support do you need? Are you still looking for billeting? What else?
How many people have you tested, so far?

I'll call you later today.

V,

Robert E. Love
Chief of Staff
Secretary of the Navy
1000 Navy Pentagon
Washington, D.C. 20350-1000
(o) (b) (6)
SIPR: (b) (6) [@navy.smil.mil](mailto:(b)(6)@navy.smil.mil)

“Don’t Give Up the Ship”

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>> On Apr 1, 2020, at 10:31 PM, Crozier, Brett E CAPT USN, USS Theodore
>> Roosevelt <(b) (6)@cvn71.navy.mil> wrote:
>>
>> Ladies,
>>
>> Just following up to our phone conversation and I apologize for the change.
>> Please disregard the original letter I sent and I'll forward you a
>> new one shortly to be distributed. Additionally, while I laugh every
>> time I see the #imwithCAPTCrozier, it's creating some problems
>> politically that are slowing down the process :).
>>
>> Thanks for what you're doing and keep fighting for the families back there.
>>
>> Thanks,
>> Brett
>>
>> CAPT Brett E. Crozier
>> Commanding Officer
>> USS THEODORE ROOSEVELT (CVN 71)
>>
>>
>> -----Original Message-----
>> From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
>> Sent: Thursday, April 02, 2020 11:57 AM
>> To: 'Roosevelt 71 Ombudsman'
>> Cc: (b) (6)
>> Subject: RE: [Non-DoD Source] Questions on medical treatment for
>> affected sailors
>>
>> Ladies,
>>
>> Busy out here but making progress and starting to get Sailors into
>> hotel rooms tonight. I've attached my 4th letter to families that
>> I'd like you to push out to our FB group, and email to your distro
>> list as well. Hope it helps assure families we are moving forward.
>>
>> Thanks for your continued support.
>>
>> Vr,
>> Brett
>>
>> CAPT Brett E. Crozier
>> Commanding Officer
>> USS THEODORE ROOSEVELT (CVN 71)
>>
>>
>> -----Original Message-----
>> From: Roosevelt 71 Ombudsman [mailto:(b) (6)@gmail.com]

>> Sent: Tuesday, March 31, 2020 5:24 AM
>> To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
>> Subject: Re: [Non-DoD Source] Questions on medical treatment for
>> affected sailors
>>
>> And, this may go without saying, sir, but we have your back. If
>> there's anything you need us to do in addition to what we're already
>> doing, please let us know. If you need us to update you every week,
>> or twice weekly, on what we're hearing from sailors and families via
>> our avenues, please advice accordingly. We'll help any way we can.
>>
>> Very Respectfully,
>> your ombudsman team
>>
>> USS Theodore Roosevelt (CVN 71) Ombudsman
>>
>> CVN71 Ombudsman Facebook
>> <<https://www.facebook.com/USS-Theodore-Roosevelt-Ombudsman-1562625434>
>> 029297/>
>> | Email: (b) (6) @gmail.com
>> Telephone: (b) (6) | (b) (6) | (b) (6)
>> (b) (6) | (b) (6)
>>
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>> result in both civil and criminal penalties.
>>
>>
>>
>> On Mon, Mar 30, 2020 at 8:41 AM USS Theodore Roosevelt Ombudsman Team
>> (b) (6) @gmail.com> wrote:
>>
>>
>> Thank you, sir. Your response is very much appreciated.
>>
>> Very Respectfully,
>> (b) (6)
>>
>> USS Theodore Roosevelt (CVN 71) Ombudsman
>> CVN71 Ombudsman Facebook | Email: (b) (6) @gmail.com
>> (b) (6)
>>
>>
>> The information contained in and transmitted with this email may
>> contain For Official Use Only (FOUO) Privacy Sensitive information.

>> Any misuse or unauthorized disclosure, copying, distribution may
>> result in both civil and criminal penalties.
>>
>>> On Mar 30, 2020, at 8:15 AM, Crozier, Brett E CAPT USN, USS Theodore
>>> Roosevelt <(b) (6)@cvn71.navy.mil> wrote:
>>>
>>> Thanks (b) (6). We're on it. Those that tested positive are in
>>> isolation rooms off ship. They are being checked on by the Base
>>> Hospital, but obviously that isn't happening as routinely as it
>>> should. We'll engage immediately.
>>>
>>> Vr,
>>> Brett
>>>
>>> CAPT Brett E. Crozier
>>> Commanding Officer
>>> USS THEODORE ROOSEVELT (CVN 71)
>>>
>>>
>>> -----Original Message-----
>>> From: USS Theodore Roosevelt Ombudsman Team
>>> [mailto:(b) (6)@gmail.com]
>>> Sent: Tuesday, March 31, 2020 12:46 AM
>>> To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
>>> Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6),
>>> (b) (6) CMC USN, USS Theodore Roosevelt
>>> Subject: [Non-DoD Source] Questions on medical treatment for
>>> affected sailors
>>>
>>> Good morning, pacific time, sirs. We are receiving multiple emails
>>> from families that are detailing some very concerning living
>>> conditions for sailors who have tested positive for COVID 19.
>>> Namely, the overwhelming lack of medical treatment or check in for
>>> sailors who have been moved off the ship. Basic living necessities
>>> are also an issue, whether it be medicine, toiletries, etc. There
>>> are also sailors experiencing symptoms who seem to not be receiving
>>> care.
>>>
>>> We are all very concerned for our sailors and their families at this
>>> time, but we need to be able to reassure our families that their
>>> sailors will be taken care of, not forgotten about. This influx of
>>> emails and questions are alarming.
>>>
>>> Very Respectfully,
>>> (b) (6)
>>>
>>> USS Theodore Roosevelt (CVN 71) Ombudsman
>>> CVN71 Ombudsman Facebook | Email: (b) (6)@gmail.com

>>> Telephone: (b) (6)

>>>

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>>> result in both civil and criminal penalties.

>>

>>

>

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: (b) (6) CAPT USN DNS (USA)
Sent: Monday, May 18, 2020 5:19 PM
To: (b) (6) LCDR USN VCNO (USA); (b) (6) LCDR USN CNO (USA); (b) (6) LCDR USN DCNO N2N6 (USA)
Subject: FW: Telcon with Mr. Love
Signed By: (b) (6) @navy.mil
Importance: High

VADM Brown gave me green light to discuss this during our call.

From: (b) (6) CAPT USN DNS (USA)
Sent: Monday, May 18, 2020 5:06 PM
To: Brown, Richard A VADM USN COMNAVSURFPAC SAN (US) <(b) (6) @navy.mil>
Cc: (b) (6) LT USN COMNAVSURFPAC SAN (USA) <(b) (6) @navy.mil>; Spedero, Paul C Jr RDML USN USFFC (USA) <(b) (6) @navy.mil>
Subject: Telcon with Mr. Love
Importance: High

~~**PRE-DECISIONAL//DELIBERATIVE INFORMATION//FOR OFFICIAL USE ONLY**~~

VADM Brown,

Mr. Love called me about 15 minutes ago. My readout as follows:

- He asked me if anyone was going to obtain a statement from Mr. Modly – I told him as of now we are not intending to do that.
- He originally called TR CO to coord A/SN visit as a show of support for TR (understood that it would be more of a distraction and Mr. Love called him back later to waive off)
- He asked TR CO about anything needed to support? TR CO was vague and not seemingly urgent on any resources
- After his call, he sent a note to DNS – DNS responded and said C7F and CoC had a “full court press” and therefore Mr. Love didn’t see need to take any further action to support TR
- (TR CO attributed 4,000 cots ordered by NBG CO to Mr. Love – apparently this was in works outside of that call)
- He does not know why CNO didn’t call, but he was aware that CPF had called TR CO previously
- He said the A/SN comments during the 2 APR press briefing about “50 Sailors dying” was from the SMO letter
- He said A/SN fired TR CO due to “loss of confidence” based on 1) Unnecessarily raised concern for Sailors and Families about situation and 2) Discredited the Navy by giving the impression the Navy wasn’t doing anything to help
- He said he would be willing to conduct a formal interview and statement if we desire
- He expressed full support in helping the investigation

Please let me know if you would like me to address these with our group during the current call with VCNO.

v/r

CAPT (b) (6)

VCNO Command Investigation Team

(b) (6) @navy.mil

(b) (6) @navy.smil.mil

(Work) (b) (6)

(Cell) (b) (6)

Room (b) (6)

PRE-DECISIONAL//DELIBERATIVE WORK PRODUCT//~~FOUO~~

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: (b) (6) @gmail.com
Subject: FW: TR request for assistance
Date: Sunday, March 29, 2020 11:55:47 PM
Attachments: [TR COVID-19 Assistance Request.pdf](#)
[Rocklov et al.pdf](#)

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Sent: Monday, March 30, 2020 1:48 PM
To: (b) (6) @navy.mil'; Miller, DeWolfe H VADM USN COMNAVAIRPAC SAN CA (USA); Baker, Stuart P RDML USN, CCSG-9
Cc: (b) (6) CAPT USN, CVW-11 CAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) @navy mil'; (b) (6) CAPT USN, COMNAVAIRPAC (USA)
Subject: TR request for assistance

Fellow Naval Aviators,

It is with the utmost respect that I write to you requesting assistance. I consider all of you incredible leaders and I'd gladly follow you into battle whenever needed.

While I know there are many folks working hard to assist the TR as we attempt to contain the spread of COVID-19 onboard, all efforts to date have been inadequate and are unnecessarily putting Sailors lives at risk. I am no longer confident that normal staffing processes will work, and I believe we need decisive action now.

Make no mistake about it, if required we could get everyone back onboard, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. I told the SECNAV's office the same, and will repeat to the CNO if he calls today.

However, our current effort efforts to contain the virus and treat the symptoms while pierside here in Guam are inadequate. By COB on 30 Mar, TR will have over 20% of the crew ashore in 'quarantine areas' (open bay gyms) or 'isolation' rooms (NGIS rooms with shared heads) onboard Naval Base Guam.

These facilities are inadequate to contain the virus and we're already seeing new positive cases from those residing at gyms with more likely to follow. Based on the contact tracing of the 53+ CV positive TR Sailors to date, over 50% of those still onboard (over 2,000) can be considered close contact - the real number is closer to the 4,000 still onboard due the close proximity of the entire crew on a CVN.

The current situation is not ideal, and will only get better once we can isolate the crew off ship in true isolation rooms with separate bathroom facilities. A CVN does not provide the necessary space to allow for ROM separation IAW NAVADMIN 083 or CDC guidance with the majority of the crew embarked. The Diamond Princess Cruise Ship example demonstrates that the only way they were able to stop the spread was to remove everyone off the ship. Considering that they already had some ability to quarantine onboard with individual guest rooms, we should be extremely concerned with the virus spread on a CVN.

I need approximately 500 Sailors to remain onboard to continue to operate a Rx plant, man normal watches to support minimal operations (C2, IET, etc.), and maintain aircraft readiness. Naval Base Guam is doing the best they can, but they do not have adequate facilities and we can't wait much longer for off island lodging to become available as our cases continue to increase. While I understand that there are political concerns with requesting the use of hotels on Guam to truly isolate the remaining 4,500 Sailors for 14+ days, the hotels are empty, and I believe it

is the only way to quickly combat this problem. Keeping Sailors local also allows me to maintain the warfighting capability needed should the balloon go up. The alternatives are to let this ride out, hope for the best, and pray we don't lose Sailors to this invisible enemy. Naval Aviation is better than that, and we owe it to the thousands of Sailors onboard, and those outside watching, to take decisive action now.

I fully realize that I bear responsibility for not demanding more decisive action the moment we pulled in, but at this point my only priority is the continued well-being of the crew and embarked staff. As you know, the accountability of a Commanding Officer is absolute, and I believe if there is ever a time to ask for help it is now regardless of the impact on my career.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

**Witness Statement of USS THEODORE ROOSEVELT (CVN 71)
Physical Therapist**

On 9 May 2020 I was interviewed in connection with a command investigation concerning chain of command actions with regard to COVID-19 onboard USS THEODORE ROOSEVELT (CVN 71) via telephone.

What follows is a true and accurate representation of my statement for this investigation.

Witness Name: LT (b) (6) Position: Physical Therapist

Command: USS THEODORE ROOSEVELT Department/Division: Medical

Email Address: (b) (6) @cvn71.navy.mil Phone(s): (b) (6)

A couple of weeks prior to our Da Nang port call, we developed a screening process for incoming personnel based on what we knew from the CDC at the time. We identified several locations within the TR as possible options for isolation and quarantine. We had already established dedicated bleach down of the ship several times a week due to a previous rise in stomach virus issues onboard. We felt stopping in Vietnam posed an unknown risk because China and Southeast Asia in general were reporting ever increasing cases of COVID-19. I was suspicious of the quantity of positive cases being published by Vietnam and other communist countries in the region, but also understood the political motivations for the port visit.

Upon arriving at Da Nang, our screening process occurred both on the pier and on the ship. We had plans to quarantine close contacts and isolate the suspected positives. Medical staff was trained in administering the screening questions and taking temperatures. Everyone was briefed on the plan for quarantine and isolation. Plans were discussed with other departments, particularly Supply, to help coordinate additional berthing options if required. At the time, guidance for screening and testing of individuals set the temperature threshold at 100.4 degrees Fahrenheit. I was, for the most part, not acting in my primary capacity as the physical therapist but more as the medical division officer and primary assistant to SMO. In this role, I was responsible for ensuring SMO's guidance was executed regarding screenings and preparations.

As soon as the British foreign nationals tested positive, liberty was secured for TR. We continued our bleach down cleaning procedures throughout the ship. Shortly after we departed Vietnam, we scaled back or ceased all non-essential work. We started a screening process with taking temperatures and asking the screening questions given to us by higher headquarters. These questions were pushed out to the departments for departmental screenings and then reported to Medical. Sick call was focused on patients with ILI symptoms. As far as the specific instructions, I remember we referenced the NTRP and other official guidance as it was pushed to the fleet. SMO continuously pushed out new literature being published by the medical and scientific community as well to help refine our mitigation procedures. The whole of these publications were used as guidance for screening and

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physical Therapist

adaptation of our plans. The concern was that a significant percentage of people infected with COVID-19 can be asymptomatic, and therefore screening is ineffective. A lot of our focus in Medical at the time was screening for influenza-like illness (ILI) to try and identify any instance of the virus onboard. The guidance at the time was to treat people symptomatically. We were tracking our screening processing using spreadsheets and rosters. The spreadsheets quickly became too large and unwieldy as the data needed to track patients, as well as data requested by off ship entities, continued to grow. The administrative burden of managing the outbreak onboard soon demonstrated the myriad deficiencies and shortcomings of the electronic medical records and medical tracking systems. For example, none of the systems communicate with one another effectively or provide the level of flexibility needed to enter and track data across large populations or individuals.

The focus in transit was directed toward preventing an outbreak of COVID-19. The following are some, but not all, of the measures put into place: informational flyers, hand sanitizer was distributed, watch standers were assigned to chow lines, additional hand sanitizing stations were added near the chow lines; and self-serve in the galley was prohibited. I don't recall if the gyms were closed or not. SMO kept us focused on doing what is clinically and ethically right. Although I don't recall by name or author what specific research we referenced, I was made aware of the most recent research and publications on COVID-19. We did the best we could with the knowledge and materials available at the time. The nature of the shipboard environment presented us with a losing battle. It was not possible to follow the majority of the measures being promulgated as necessary to mitigate COVID-19.

Once we arrived in Guam, it was widely accepted in the scientific community that clinical presentation of initial symptoms of the virus took anywhere from 4 to 7 days according to the most recent literature. During that initial 4 to 7 day period an individual could be contagious and spreading the virus throughout the ship without any symptoms. By the time of our arrival in Guam multiple symptomatic patients had already been identified and tested positive for COVID-19 which meant the virus had been spreading throughout the ship for a week or more. As it turned out, COVID-19 had indeed been spreading throughout the ship. We quickly ran out of berthing space and were unable to effectively isolation and quarantine. Entire berthing compartments throughout the ship were locked down and full of sailors with food being dropped off by Supply. As the virus continued to spread rapidly it seemed apparent to me there was not any progress being made to acquire true isolation and quarantine. From higher levels, we were getting constant RFIs that were a waste of time and COAs that kept changing. We were even told to prepare to move everyone via plane to Okinawa where 5,000 barracks rooms were available. Plans were in motion to split up the crew for transportation while still maintaining essential personnel onboard for ship maintenance when word came down that beds were not in fact available in Okinawa. Similar instances occurred repetitively in the days following our first positive cases. It appeared that higher headquarters failed to grasp the reality of the situation on the ship despite the growing burden of off ship reports and RFIs. Meanwhile the virus continued to spread exponentially.

The gyms and warehouses that were provided were inadequate for housing sailors or stopping the spread of the virus. They had inadequate food and sanitation, close quarters

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physical Therapist

living on cots that were less than 6 feet apart and not divided by barriers. This became even more apparent when sailors "quarantined" in large groups at the gym and warehouse began to develop symptoms and test positive. The conditions at the gym and warehouse risked another public health outbreak in addition to COVID-19. Medical department recommended against use of the warehouse or gym but we were informed that due to public opinion and the "optics" of the situation, senior officials off the ship insisted sailors needed to be moved off the ship to satisfy the public regardless of where they were living. Once we started moving sailors to hotels is when we began to break the spread.

SMO is the best senior officer with whom I have ever had the honor to work. He excels as a leader, a role model, and a Navy medical professional. He inspires and empowers his people to perform not only as a team, but at the highest level of which they are individually capable. He always stressed the importance of doing what is right and consistently pushed the most up-to-date clinical information to refine our procedures. He communicated openly with the medical staff. The teamwork and morale in Medical is exceptionally high. The challenge of COVID-19 only brought everyone closer together and elevated our performance. We could not have asked for a better team to face this challenge. Even the most junior corpsman really stepped up and took on additional responsibilities during the outbreak. The khaki leadership all worked really well together with everyone taking on new roles outside their specialty to help in the fight.

Regarding the signed medical letter, at my level of direct interaction with COVID-19 patients, there was every appearance that no measures were being taken to move people into isolation and quarantine. We were getting RFIs asking about minimal manning and COAs suggesting we let the virus run its course through the ship. Meanwhile the medical literature stated mean time to respiratory distress was 7 to 10 days. We were soon approaching the 10 day mark from our first positive and we needed to break the spread of the virus and have the ability to keep patients near a higher echelon of care. We did not want to wait until a sailor died to sound the alarm. We had been pushing our concerns up the chain of command since our first positive patient with no evidence of support. The environment on the ship aided the spread of the virus, hampered our efforts, and placed our sailors at increased risk. I believed only two things would drive the Navy to act, the death of a sailor or public opinion. I signed the letter because I knew, regardless of the consequences, I would regret saying nothing. We walked a courtesy copy of the letter to CAPT Crozier. CAPT Crozier and SMO advised us not to release it to the media and we followed their advice. CAPT Crozier said he owed us the courtesy of forwarding the letter up the chain of command. I am not aware of who received the letter once CAPT Crozier forwarded it up the chain of command. Those of us who signed the letter knew we were risking our careers. I was willing to risk my career for our patients. There is nothing I would have done differently. The published mortality rate for COVID-19 in our age group is approximately 0.5 to 1%, equivalent to 25-50 Sailors onboard TR, and we only lost one -- we did our job well.

We needed to get Sailors off the ship, break the virus, and limit mortality. That was the goal. We upheld our oath to care for our patients.

Subj: Witness Statement of USS THEODORE ROOSEVELT (CVN 71) Physical Therapist

I swear (or affirm) that the information in the statement above is true and accurate to the best of my knowledge, information, and belief.

(b) (6)

(Witness' Signature)

17 MAY 2020
(Date)

1130
Time

(b) (6)

CDR USN COMNAVAIRPAC (USA)

From: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
<(b) (6)@navy.mil>
Sent: Tuesday, March 31, 2020 9:17 AM
To: (b) (6) CAPT USN COMNAVAIRPAC (USA)
Subject: FW: Guam
Attachments: Letter from the medical department on USS Theodore Roosevelt (51.6 KB)
Signed By: (b) (6)@NAVY.MIL

COS,
Here is the letter that we discussed.
V/r,
(b) (6)

CAPT (b) (6)
Commander Naval Air Forces
Force Surgeon
(b) (6)
(b) (6)@navy.mil

-----Original Message-----

From: (b) (6) CAPT USN COMNAVAIRES NOR VA (USA)
<(b) (6)@mail.mil>
Sent: Tuesday, March 31, 2020 8:30 AM
To: (b) (6) CAPT USN COMNAVAIRPAC SAN CA (USA)
<(b) (6)@navy.mil>
Subject: FW: Guam

From: (b) (6) CAPT USN, USS Theodore Roosevelt
(b) (6)@cvn71.navy.mil]
Sent: Monday, March 30, 2020 23:56
To: (b) (6)

A large rectangular area of the document is completely redacted with a solid grey fill, obscuring the body of the email and any additional recipients or content.

(b) (6)



(b) (6)

(b) (6)

(b) (6)

(b) (6)



(b) (6)

Subject: Guam

All,

Greetings from the USS Theodore Roosevelt. Figured I might as well give you a taste of what is going on.

Stay safe and stay healthy.

v/r,

(b)

(6)

31 MARCH 2020

We are the physicians and medical professionals of USS THEODORE ROOSEVELT (CVN-71). Our immediate and primary concern is the safety and well-being of our patients, the Sailors under our care. Our ship detected Novel Coronavirus on board approximately seven days ago; three days ago we docked at Naval Base Guam. We are at war with COVID-19 and we are losing. This letter is to make you aware of our situation and to ask for your help.

This is our current situation: the virus is spreading exponentially on the ship. We have over 75 positive cases and rising. We are attempting to transfer infected Sailors off the ship. We are attempting to isolate the close contacts of infected Sailors, but at this point every single individual on the ship is a close contact. We continue to eat in groups. We continue to sleep in open bays. We continue to use group bathrooms accommodating dozens of individuals. We continue to work in confined spaces. We continue to expose ourselves to the virus on a daily basis. The construction of the ship makes it impossible for us to practice social distancing. These concerns have been expressed to all levels of the chain of command, but we have yet to see any demonstrable action taken to get our patients to safety that is in accordance with CDC guidelines and NAVADMIN 083/20.

There is a high probability that USS THEODORE ROOSEVELT will experience fatalities as a result of COVID-19 and we expect them to be within 10 days of penning this letter. While we have received the support of U.S. Naval Hospital Guam, we expect to quickly overwhelm their limited resources. We expect to experience the well published case fatality rate of 0.5-1% for our age demographic if drastic action is not immediately taken. If this case fatality rate remains constant we stand the potential to have 50 or more fatal cases. We will not stand by while our fellow sailors continue to be exposed to this fatal virus.

The only solution to save the lives of our Sailors is to immediately get everyone off the ship into appropriate isolation or quarantine. There is no other option. The time has come for aggressive measures to be taken and we are asking for your help to save the lives of our patients.

As medical providers we have a moral responsibility to our patients. We will continue to fight this losing battle, but we are asking for your immediate support to help us win this war. Time is of the essence.

Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your sailors.

Very Respectfully,

(b) (6)

LCDR MC USN

Surgeon

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

CAPT MC USN

Senior Medical Officer

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

(b) (6)

LT MSC USN

Physical Therapist

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

MD

(b) (6) LCDR MC USN

Family Physician

USS THEODORE ROOSEVELT (CVN 71)

(b) (6)

(b) (6)

LT MC USN

Flight Surgeon

CVW-11

From: (b) (6) [LCDR USN, USS THEODORE ROOSEVELT](#)
To: (b) (6) [CDR USN, C7F](#)
Cc: (b) (6) [LT USN, C7F](#)
Subject: FW: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak
Date: Monday, March 30, 2020 11:43:47 PM

Ma'am,

CAPT (b) (6) emailed me below . . .

While I have a copy of the email (hard copy given to me by the CO today), I do not have a copy of the attachment (white paper) that was included in the email sent to PACFLT and CNAF which is what I believe the reporter is referencing in his media query.

Did you want me to provide anything to CAPT (b) (6), or do you prefer to engage with PACFLT directly?

Very respectfully,

LCDR (b) (6)
Public Affairs Officer
Carrier Strike Group NINE
USS Theodore Roosevelt (CVN 71)
Office: (b) (6)
Cell: (b) (6)
(b) (6) @cvn71 navy.(smil) mil

O: (b) (6)
JDial: (b) (6)
Hydra: (b) (6)

-----Original Message-----

From: (b) (6) CAPT USN COMPACFLT (USA) [[mailto:\(b\) \(6\) @navy.mil](mailto:(b) (6) @navy.mil)]
Sent: Tuesday, March 31, 2020 1:23 PM
To: (b) (6) LCDR USN, USS THEODORE ROOSEVELT
Subject: FW: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

(b) (6), Are you aware of this letter? Did you read it?

v/r (b) (6)

From: (b) (6) A LTJG USN COMPACFLT (USA) <(b) (6) @navy.mil>

Date: Monday, Mar 30, 2020, 2:05 PM

To: (b) (6) @sfchronicle.com <(b) (6) @sfchronicle.com>

Subject: RE: Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

Hi (b) (6)

I've got your query and I'll work to get you additional answers soonest.

Very Respectfully,

Lt. j.g. (b) (6)

U.S. Pacific Fleet Public Affairs

Cell: (b) (6)

From: (b) (6) (b) (6) @sfchronicle.com>

Sent: Monday, March 30, 2020 7:11 PM

To: OSD Pentagon PA Mailbox Duty Officer Press Operations <(b) (6) @mail.mil>

Subject: [Non-DoD Source] Urgent media inquiry: USS Theodore Roosevelt COVID outbreak

Hi,

I'm a reporter with the San Francisco Chronicle. I'm working on an article about the USS Theodore Roosevelt that has a number of COVID-19 cases on board. It's now docked at the base in Guam. It is based out of San Diego.

We obtained a copy of a four-page letter sent from Capt. Brett Crozier pleading for help from the U.S. Navy brass to bring equipment to allow isolated quarantines for his entire crew. He says the current strategy is not working as there is no way to properly isolate aboard the aircraft carrier.

I had questions for the Navy:

1. Have you received Capt. Crozier's letter?
2. How many positive COVID tests are there right now on the ship's crew?
3. What is the response from the Navy? Is anything being done?
4. What specifics are being done right now? Is any equipment being sent there? When will it arrive?
5. How concerned is the Navy about this situation?
6. Any other comments about this situation?

Thanks for your prompt attention. I can be reached by email or at (b) (6). I have a deadline today at 6:30 p.m. CA time.

Best,

(b) (6)

From: (b) (6) @fe.navy.mil
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Subject: RE: Day 1
Date: Thursday, April 2, 2020 8:17:30 AM

Thanks Chopper. I am all in to help our shipmates out but I also have to hold a hard line to keep our relationship with our citizens here on Guam. They are scared but also very supportive of TR.

I am committed to you and our shipmates to get this done and get you back to sea.

I appreciate your leadership during this tough time.

Vr

(b) (6)

Sent with BlackBerry Work
(www.blackberry.com)

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>
Date: Thursday, Apr 02, 2020, 10:02 PM
To: Menoni, John V RDML USN JRM <(b) (6) @fe.navy.mil>
Subject: RE: Day 1

Thanks Sir.

Appreciate the update. It was great to see the Sailors moving ashore and out to hotels tonight. Another great step in the continuing efforts by your team to take care of TR Sailors.

We own the missed symptomatic Sailors and will adjust our process immediately. We'll add an additional check on our end before they load up and make sure it is clear to everyone that they have to be symptom free.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: (b) (6) @fe.navy.mil [mailto:(b) (6) @fe.navy.mil]
Sent: Thursday, April 02, 2020 9:07 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Subject: Day 1

Chopper,

Day 1 started a bit late and is moving slowly. We anticipate getting the majority of your Sailors in the hotel by 2359. We will get more

efficient tomorrow. I say the majority as I received a report from the team at the hotel that we had to medically disqualify 2 Sailors within the first 3 trucks as they were presenting symptoms. This was a medical call by doctors on site and the Sailors reported having symptoms for at least 1 day for the first and multiple days for the second. I believe they were mild symptoms (cough) but the docs thought they were serious enough that they will be transported to USNH Guam and then back to NBG unless they need medical intervention.

I need some help with this from the ships medical force and deck plate leadership. The litmus test for leaving the base was a negative test AND asymptomatic. Request you get the team engaged to not let Sailors with symptoms get on the trucks/vans. We are one public screw up from getting Gov Guam scrutiny which could result in a shutdown which no one wants because our Sailors will then be screwed.

Request any help you can provide on site NBG.

V/r

(b)

Sent with BlackBerry Work
(www.blackberry.com)

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: (b) (6) @fe.navy.mil
Cc: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, CVW-11 DCAG
Subject: RE: [Non-DoD Source] Confidential
Date: Wednesday, April 1, 2020 2:02:36 AM

(b) (6),

DCAG is CC'd. (b) (6) meet (b) (6). (b) (6) meet (b) (6).

I think the only minor issues I see are:

1) Surgical Mask requirements. We don't have enough. We have 1000's on order but they will probably arrive next year. I am currently asking Sailors to wear their flash hoods, a bandana or some kind of makeshift mask. Can we make it "a medical face mask or suitable alternative." Our Dental Doc is on the record that "something is better than nothing."

2) Limitations on who can have access the floors. Discussion currently states Hotel Staff will NOT enter the floors. We prefer to restrict our Sailors to their rooms exclusively. I suspect you do not have the manpower to roam dozens of hotel floors. If the Hotel Staff is nowhere in sight, we need some interaction. Can we get permission for Chaplains, CMC's and Building OIC's (O-5's) to conduct health and wellness checks? PPE on / no staff on deck. This has been very effective at keeping Sailors morale at a reasonable level on NBG.

3) No problem with the \$200 fine for smoking or damaging rooms.

Expect some khaki leadership strategically placed on every floor. We will need floorplans to properly assign rooms and manage good order and discipline.

From the Heads and Beds guy - the rest looks pretty good to me. NAVADMIN 083/20 is pretty black and white. We will follow it to the T. This is not meant to be a good time but they will be happy to have anything.

V/R

(b) (6)

-----Original Message-----

From: (b) (6) @fe.navy.mil [[mailto:\(b\) \(6\)@fe.navy.mil](mailto:(b) (6)@fe.navy.mil)]
Sent: Wednesday, April 01, 2020 2:44 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6) CAPT USN, USS Theodore Roosevelt
Subject: FW: [Non-DoD Source] Confidential

Skipper, XO,

Here is the document that Guam Hotel and Restaurant Association have sent.

Very Respectfully,

CAPT (b) (6), USN

Chief of Staff
Joint Region Marianas

Work: (b) (6)

Cell: (b) (6)

Email (NIPR): (b) (6) @fe.navy.mil

Email (SIPR): (b) (6) @fe.navy.smil.mil (please send alert via NIPR to ensure prompt response)

"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE: ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES"

From: (b) (6) @fe.navy.mil
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Subject: RE: Day 1
Date: Thursday, April 2, 2020 8:17:29 AM

Thanks Chopper. I am all in to help our shipmates out but I also have to hold a hard line to keep our relationship with our citizens here on Guam. They are scared but also very supportive of TR.

I am committed to you and our shipmates to get this done and get you back to sea.

I appreciate your leadership during this tough time.

Vr

John

Sent with BlackBerry Work
(www.blackberry.com)

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt <(b) (6) @cvn71.navy.mil>
Date: Thursday, Apr 02, 2020, 10:02 PM
To: Menoni, John V RDML USN JRM <(b) (6) @fe.navy.mil>
Subject: RE: Day 1

Thanks Sir.

Appreciate the update. It was great to see the Sailors moving ashore and out to hotels tonight. Another great step in the continuing efforts by your team to take care of TR Sailors.

We own the missed symptomatic Sailors and will adjust our process immediately. We'll add an additional check on our end before they load up and make sure it is clear to everyone that they have to be symptom free.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: (b) (6) @fe.navy.mil [mailto:(b) (6) @fe.navy.mil]
Sent: Thursday, April 02, 2020 9:07 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
Subject: Day 1

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efficient tomorrow. I say the majority as I received a report from the team at the hotel that we had to medically disqualify 2 Sailors within the first 3 trucks as they were presenting symptoms. This was a medical call by doctors on site and the Sailors reported having symptoms for at least 1 day for the first and multiple days for the second. I believe they were mild symptoms (cough) but the docs thought they were serious enough that they will be transported to USNH Guam and then back to NBG unless they need medical intervention.

I need some help with this from the ships medical force and deck plate leadership. The litmus test for leaving the base was a negative test AND asymptomatic. Request you get the team engaged to not let Sailors with symptoms get on the trucks/vans. We are one public screw up from getting Gov Guam scrutiny which could result in a shutdown which no one wants because our Sailors will then be screwed.

Request any help you can provide on site NBG.

V/r

(b) (6)

Sent with BlackBerry Work
(www.blackberry.com)

From: (b) (6) H CIV USN NAVSUPFLC PEARL HI (USA)
To: (b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) CDR USN NAVSUPFLC PEARL HI (USA);
(b) (6) CDR USN COMNAVAIRPAC (USA); (b) (6) CIV USN COMNAVAIRPAC SAN CA (USA);
(b) (6) CAPT USN COMNAVSUPSYSCOM PA (USA); (b) (6) CAPT USN
COMPAFLT (USA); (b) (6) CIV (USA); (b) (6) CIV USN (USA); (b) (6) CDR
USN, C7E; (b) (6) CIV USN NAVSUPFLC PEARL HI (US); (b) (6) LCDR USN, C7E;
(b) (6) CAPT USN, C7E; (b) (6) @fe.navy.mil; (b) (6); (b) (6)
(b) (6) @fe.navy.mil
Cc: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA); (b) (6) CIV USN NAVSUPFLC PEARL
HI (US); (b) (6) CIV USN (USA); Crozier, Brett E CAPT USN, USS Theodore Roosevelt; (b) (6)
(b) (6) CIV USN NAVSUPFLC PEARL HI (USA); (b) (6) CIV USN NAVSUPFLC PEARL HI (USA)
Subject: RE: TR Lodging Awarded
Date: Thursday, April 2, 2020 3:05:37 AM
Attachments: Funds Tracker.xlsx

CDR (b) (6),

Please confirm # of personnel moving tomorrow. Will it be 500 each following day as discussed? The vendor confirmed they can meet this requirement and they can meet total of 4000 for whole requirement. Capacity not an issue as they will probably leverage multiple hotels as needed.

The daily costs with taxes for lodging/ meals/incidentals/taxes is \$286.11 per person per day (initial 14 day period only). This does not include some of the other costs such as laundry, bio cleaning, decontamination cleaning, the additional 14 days sanitation cleaning charge. It should be noted that the contractor has stated that the second 14 day charge is not dependent on if the person gets sick. It is a charge that is applied no matter what for all 4000 whether they get sick or not. The contractor stated that if the occupant does get sick that there is another charge on top for additional decontamination of everything. This is something that will need to be negotiated as it may be excessive and not based on the Government's initial understanding.

Mark said that he can provide me with around \$2M tomorrow morning. I need some more funds in the morning as we are a little short to cover all 180 personnel for everything the first day and would need it to cover rest of tomorrow morning's services. In addition to adding the incremental funds I am going to incorporate the rest of the terms/conditions and phases. We will need lots more money to come in fast as the burn rate is pretty high per day as we get more and more into lodging.

With \$2,050,000 funding I'm expecting to have by tomorrow morning, I'll need additional funds by April 6th before I get into ADA scenario again based on my calculated burn rates. (See attached rough calcs) Once we add in laundry services, and the rest, this daily cost will go up and so will the burn rates. Just wanted to provide for planning purposes, calcs only go out to the 10 April as the burn rate will level out at approximately \$1.1M per day once we get everyone in.

V/R
(b) (6)
NAVSUP Fleet Logistics Center Pearl Harbor
Contracting Officer
Cell: (b) (6)
Email: (b) (6) @navy.mil

-----Original Message-----

From: (b) (6) CDR USN, USS Theodore Roosevelt
<(b) (6) @cvn71.navy.mil>
Sent: Wednesday, April 1, 2020 7:30 PM
To: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA)
<(b) (6) @navy.mil>; (b) (6) CDR USN COMNAVAIRPAC (USA)
<(b) (6) @navy.mil>; (b) (6) CIV USN COMNAVAIRPAC SAN CA (USA)
<(b) (6) @navy.mil>; (b) (6) CAPT USN COMNAVSUPSYSCOM PA
(USA) <(b) (6) @navy.mil>; (b) (6) CAPT USN
COMPACFLT (USA) <(b) (6) @navy.mil>; (b) (6) CIV (USA)
<(b) (6) @navy.mil>; (b) (6) CIV USN (USA)
<(b) (6) @navy.mil>; (b) (6) CDR USN, C7F
<(b) (6) @lcc19.navy.mil>; (b) (6) CIV USN
NAVSUPFLC PEARL HI (US) <(b) (6) @navy.mil>; (b) (6) LCDR USN,
C7F <(b) (6) @lcc19.navy.mil>; (b) (6) CAPT USN, C7F
<(b) (6) @lcc19.navy.mil>; (b) (6) @fe.navy.mil; (b) (6)
<(b) (6) @fe.navy.mil>; (b) (6) @fe.navy.mil
<(b) (6) @fe.navy.mil>; (b) (6) @fe.navy.mil
Cc: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA)
<(b) (6) @navy.mil>; (b) (6) CIV USN NAVSUPFLC
PEARL HI (US) <(b) (6) @navy.mil>; (b) (6) CIV USN
(USA) <(b) (6) @navy.mil>; (b) (6) CIV USN NAVSUPFLC
PEARL HI (USA) <(b) (6) @navy.mil>; Crozier, Brett E CAPT USN, USS
Theodore Roosevelt <(b) (6) @cvn71.navy.mil>
Subject: RE: TR Lodging Awarded

Navy Team,

Awesome news! Thanks to all for pulling this together in such a short
amount
of time...we are very appreciative!

V/r

(b) (6)

#TRSTRONG

-----Original Message-----

From: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA)
[mailto:(b) (6) @navy.mil]
Sent: Thursday, April 02, 2020 3:01 PM
To: (b) (6) CDR USN COMNAVAIRPAC (USA); (b) (6) CIV USN
COMNAVAIRPAC SAN CA (USA); (b) (6) CAPT USN COMNAVSUPSYSCOM PA
(USA); (b) (6) CAPT USN COMPACFLT (USA); (b) (6)
(b) (6) CIV USN (USA); (b) (6) CDR USN, C7F;
(b) (6) CIV USN NAVSUPFLC PEARL HI (US); (b) (6)
USN, C7F; (b) (6) CAPT USN, C7F;
(b) (6) @fe.navy.mil; (b) (6) ;
(b) (6) @fe.navy.mil
Cc: (b) (6) CDR USN NAVSUPFLC PEARL HI (USA); (b) (6)
(b) (6) CIV USN NAVSUPFLC PEARL HI (US); (b) (6) CIV USN
(USA);
(b) (6) CDR USN, USS Theodore Roosevelt; (b) (6) H CIV

USN
NAVSUPFLC PEARL HI (USA)
Subject: TR Lodging Awarded

Aloha All,

FYSA- The requirement for commercial lodging and feeding for the first wave of 180 TR sailors was orally awarded by the Contracting Officer, (b) (6) a few minutes ago. FLCPH will continue to work the subsequent contracts requirements for this effort upon receiving additional funding tomorrow.

Thank you and Vr,

CDR (b) (6), SC, USN

Director, Regional Contracting Department

NAVSUP Fleet Logistics Center

Pearl Harbor, Hawaii

Office (b) (6)

Cell (b) (6)

Date	# at lodging	Daily Burn Rate	Funds needed	Current Funding
2-Apr	180	\$51,500.00	\$51,500.61	\$50,000.00
3-Apr	680	\$194,557.25	\$246,057.86	
4-Apr	1180	\$337,614.50	\$583,672.36	
5-Apr	1680	\$480,671.75	\$1,064,344.11	
6-Apr	2180	\$623,729.00	\$1,688,073.11	
7-Apr	2680	\$766,786.25	\$2,454,859.36	
8-Apr	3180	\$909,843.50	\$3,364,702.86	
9-Apr	3680	\$1,052,900.75	\$4,417,603.61	
10-Apr	4000	\$1,144,457.39	\$5,562,061.00	

F

From: (b) (6) CAPT USN NBG
To: "Crozier, Brett E CAPT USN, USS Theodore Roosevelt"
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt; (b) (6) MCPO USN NBG; (b) (6) LCDR USN NSF; (b) (6) CMC USN, USS Theodore Roosevelt
Subject: RE: 300 PAX tonight and other
Date: Thursday, April 2, 2020 12:38:01 AM

Roger all....we will be prepared to execute.

Turning it over to the EOC to coordinate.

Very respectfully,
CAPT (b) (6)
Commanding Officer
Naval Base Guam

W: (b) (6)
C: (b) (6)
NIPR: (b) (6) @fe.navy.mil
SIPR: (b) (6) @fe.navy.smil.mil

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt
[mailto:(b) (6) @cvn71.navy.mil]
Sent: Thursday, April 02, 2020 2:35 PM
To: (b) (6) CAPT USN NBG <(b) (6) @fe.navy.mil>
Cc: (b) (6) CAPT USN, USS Theodore Roosevelt
<(b) (6) @cvn71.navy.mil>; (b) (6) MCPO USN NBG
<(b) (6) @FE.navy.mil>; (b) (6) LCDR USN NSF
<(b) (6) @FE.navy.mil>; (b) (6) CMC USN, USS Theodore
Roosevelt <(b) (6) @cvn71.navy.mil>
Subject: RE: 300 PAX tonight and other

(b) (6),

Copy.

We intend to move 250 Sailors to Apra Palms after dinner. We'll provide transport utilizing the white TR vans and all Sailors will bring their own linens and a bag to put them on when they go to the hotel.

180 to Sheraton tonight via CTF75 trucks. We're prepared to transport the 300 to the hotels tomorrow via TR vans if approved.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: (b) (6) @fe.navy.mil [mailto:(b) (6) @fe.navy.mil]
Sent: Thursday, April 02, 2020 2:22 PM
To: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

Cc: (b) (6) CAPT USN, USS Theodore Roosevelt;
(b) (6) @fe navy mil; (b) (6) @fe navy mil
Subject: 300 PAX tonight and other

Chopper,

Follow up to our discussion, I recommend we execute as follows:

1. Transfer 180 pax to Sheraton. Stick with the current plan to use CTF75 trucks with a 10 pax limit per truck. I am still waiting on JRM concurrence to shift to vans which, if approved, we can shift to tomorrow for the 300 pax transfer.
2. Transfer 300 pax to NBG. NBG will execute as you desire. 2 options: All 300 to IEM OR 294 to Apra Palms. Your call, NBG will support.
 - In either case we request that these 300 sailors bring their own linen and a plastic bag. This way we can quick turn the rooms. The plan REQUIRES the sailor pack their linen in the bag when they leave for the hotel. This plan REQUIRES the sailors do not to use the linen that is in the room. We will deliver the linen back to the ship.
 - In discussion with CAPT (b) (6) we are on for the for the transfer of 300 pax to the hotel tomorrow commencing at approximately 1300.
 - The transfer should occur after dinner. We will be ready to feed breakfast and lunch tomorrow.

Standing by for questions/concerns.

Very respectfully,
CAPT (b) (6)
Commanding Officer
Naval Base Guam

W: (b) (6)
C: (b) (6)
NIPR: (b) (6) @fe navy.mil
SIPR: (b) (6) @fe.navy.smil mil

From: (b) (6) CAPT USN, USS Theodore Roosevelt
To: ALL HANDS
Cc: CVW-11 AIRWING ALL HANDS; (b) (6) CAPT USN, CSSG9; (b) (6) CMC USN, CCSG9;
(b) (6) CDS23 DCRE; (b) (6) CAPT USN, COMDESRON23
Subject: (FOUO) COVID-19 QUARANTINE PLAN
Date: Thursday, April 2, 2020 2:27:56 AM
Attachments: COVID-19 QUARANTINE PLAN.PDF
NAVADMIN 083 20 (2).pdf
20.0401 GOV to Rear Admiral John V. Menoni re USS Theodore Roosevelt.pdf
CSG Medical Quarantine Order.pdf
CSG USE OF RECORDING DEVICES DURING COVID-19.pdf

Rough Riders, CVW-11,

TR Quarantine Plan attached. Please distribute widely. I have also attached the references for your review and education.

V/R

CAPT (b) (6), USN
Executive Officer
USS THEODORE ROOSEVELT (CVN 71)
In Port: (b) (6)
At Sea: (b) (6)
Cell: (b) (6)
Jdial: (b) (6)

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DEPARTMENT OF THE NAVY
USS THEODORE ROOSEVELT (CVN 71)
UNIT 100250 BOX 1
FPO AP 96632

TRNOTE 5050
CO
2 Apr 2020

USS THEODORE ROOSEVELT (CVN 71) NOTICE 5050

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: COVID-19 QUARANTINE PLAN

Ref: (a) NAVADMIN 083/20 dtd 11 Mar 20
(b) Letter of Agreement between Governor of Guam and COMNAVMAR dtd 1 Apr 20
(c) CCSG-9 Medical Quarantine Order dtd 1 Apr 20
(d) CCSG-9 Use of Recording Devices During COVID-19 Order dtd 27 Mar 20

Encl: (1) Quarantined and Disembarked Berthing Check In/Out Sheet
(2) Government of Guam Quarantine Letter
(3) Task Force Hotel Guest Package
(4) Swab Test Timeline
(5) Isolation Flow Chart

1. Purpose. To establish guidelines, responsibilities and procedures for the transfer of USS THEODORE ROOSEVELT (CVN 71) personnel from THEODORE ROOSEVELT (TR) to local Guam lodging in order to comply with the mandatory 14-day quarantine required by references (a) through (d).

2. Background. TR will conduct the transfer of approximately 4,000 total Sailors (approximately 500 Sailors each day) from the ship and Naval Base Guam to local hotels. In order to transfer to a local hotel, personnel shall meet the following requirements:

NOTE: These requirements shall NOT be waived.

- a. Asymptomatic of the COVID-19 virus. No Influenza-Like Illness (ILI).
- b. Tested Negative of the COVID-19 virus within the 48 hours immediately prior to transfer.
- c. Not critical. Does not perform duties needed to operate and sanitize the TR during personnel transfer (list maintained by operations officer).

3. Guidelines/Procedures

a. Testing

(1) Testing will be accomplished by TR medical staff or approved alternate.

(2) Typically, tests will be shipped to Osan, South Korea and results released 48 hours following the test.

(3) Test lead time and hotel availabilities will cause some variation in the duration of this plan.

b. Transfer of Personnel

(1) Personnel shall only be placed in single occupancy rooms in alignment with reference (a).

(2) Over a period of three to four weeks, TR Sailors will execute at least a 14-day quarantine per references (a) and (b).

(3) Each quarantine site shall be assigned an officer-in-charge (O-4 and above) and leading chief petty officer (E-8 and Above, E-9 preferred).

(4) Each hotel room floor shall be assigned a floor captain (E-7 and above).

(5) On-site leadership shall be connected to the Emergency Command Center (ECC) onboard TR.

4. Responsibilities

a. Emergency Command Center (ECC): The TR ECC shall:

(1) Build daily transfer rosters based on available hotel space and number of tested personnel available that meet all requirements. Transfer shall be accomplished using the following priority:

(a) High Risk Personnel (as designated by TR senior medical officer (SMO) only).

(b) Reactor Department Sailors.

(c) Retirement/Separation/Hardship transfers.

(d) Personnel currently residing off ship in group berthing areas (gyms, etc).

(e) All remaining tested personnel.

NOTE: Stay Behind Crew: Approximately 800 personnel will stay behind in order to operate, maintain and sanitize TR. These personnel will conduct off-ship quarantine at a later date.

(2) Provide rosters of departing personnel that meet all transfer requirements to the Administrative Officer (AO) by 0900 every morning. Provide TR hotel leadership rosters of all

2 Apr 2020

personnel including phone numbers and personal email addresses before departure. Update as required.

(3) Maintain and track strict accountability of all personnel to include location of all personnel assigned to TR off and on ship. Reports shall include information on isolated and quarantine personnel, medical status to include tracking of daily checks, medical supplies and health and welfare of isolated and quarantine personnel.

(4) Track and report deep cleaning progress.

(5) Coordinate with TR Medical to track and ensure proper care for COVID-19 positive personnel.

(6) Serve as the principal point of contact for off ship command and control.

b. AQ. The AO shall:

(1) Manage and supervise the check-out process. Utilizing enclosure (1), individuals will report to Ready Room 10 for check-out. During this process members will be medically screened for ILI symptoms. All personnel will have their temperature taken along with swab test from the TR Medical Department. Personnel shall complete enclosure (1). Signed copies of enclosure (2) shall be maintained by TR Admin Department.

(2) Ensure all personnel receive a Debark Brief covering the details of references (a) through (d) in detail. All personnel shall receive a copy of references (c) and (d) and enclosure (3). Coordinate with TR Media for production.

(3) Create and distribute a quarantine card (Q-Card) containing critical information (phone numbers, emails, etc). Write in fields on the card are acceptable. Every Sailor shall have a Q-Card prior to departure. Coordinate with TR Media for production.

(4) Create and maintain contact rosters specific to each hotel and floor. Roster shall include personal cell phone numbers and email addresses. Ensure TR Hotel leadership (OIC, LCPO and floor captains) maintains prior to departure and turns over a copy to ECC after departure.

c. SMO

(1) Timeline for swab test being sent and received are provided in enclosure (3).

(2) Off ship hotel Medical Command and Control is the responsibility of Commander, Naval Forces, Marianas and U.S. Naval Hospital (USNH) Guam . Medical emergencies will be handled by calling local EMS – 911. Notify first responders of COVID-19 status.

2 Apr 2020

(3) Off Ship Isolation Medical Command and Control is the responsibility of USNH Guam until the arrival of 3rd Medical Battalion. This will be done per the Isolation Flow Chart from Naval Hospital Guam provided in enclosure (5). Anticipate modifications.

d. Supply Officer (SUPPO)

(1) Transportation. Primary method provided by CTF-75 trucks and personnel. Backup method provided by TR Supply procured vans. TR's 43 12 and 15-passenger vans offer sufficient capacity to complete 575-personnel transfer in four round trips. TR personnel transferring for quarantine are not permitted to serve as duty drivers.

(2) Food/Water. An initial order of 19,000 Meals Ready-to-Eat (MRE) and 1,200 cases of water shall be made available. SUPPO shall supply 3 MREs and 5 bottles of water per quarantined or isolated Sailor as nourishment backup in case hotel food service is disrupted.

(3) Principal point of contact for all contract issues with off-ship lodging.

e. Combat Systems Officer

(1) Phone Plan

(a) Each site TR OIC, LCPO, and floor captain will be supplied with a local cellular phone (burner phone) to check on each personnel on their respective floors. Floor chiefs will report at designated times to hotel OIC.

(b) Each TR hotel OIC and LCPO shall monitor his burner phone to coordinate with floor captains, security, hotel staff and ECC using burner phones.

(c) Every vehicle and driver will be provided a burner phone when operating TR vans.

(2) Communications (COMM) Plan

(a) CSIO will provide COMM plan with designated TR circuits.

(b) ADPO/CSIO will ensure support remains available to maintain NIPR/SIPR and CENTRIX enclaves as required.

(c) ADPO/CSIO will ensure iPhone e-mail connectivity is maintained.

(d) CSMO will ensure POTS lines remain functional.

(e) CISMO will ensure TANBERG VTC ISO CO inport cabin is established.

(3) Maintenance

(a) All non-essential equipment will be placed in Inactive Equipment Maintenance (IEM) status.

(b) CMS requirements will be reviewed and returned to the TR's vault with all unneeded material in order to reduce inventory/destruction requirements.

f. Security

(1) Hotel Allocation. To the maximum extent possible, ECC should divide the departments evenly based off the number of hotels TR will be allotted. ECC should not place all personnel from the same department into the same hotel.

(2) Exterior Hotel Security

(a) Guam National Guard will provide security at each hotel.

(b) Guam Police Department will post two officers posted at each hotel.

(3) Quarantine Management (QM)

(a) Joint Regional Marianas (JRM) commands will be responsible for internal QM at each hotel. Additional assistance may be provided by Guam Guard or Marine Corps elements as required.

(b) Quarantined Sailors who fail to comply with references (a) through (d) will be detained by QM Forces. Personnel in violation off policy will be transferred back to Naval Base Guam and restart quarantine in an alternate location on base Naval Base Guam.

g. Hotel OIC/LCPO/Floor Captain: TR hotel leadership shall develop procedures and policies appropriate to the unique circumstances of their situation. These policies and procedures shall ensure accountability for all Sailors. The health and well-being of every Sailor is paramount. At a minimum each Hotel OIC shall develop procedures to:

- (1) Phone muster each Sailor twice a day at 1000 and 2000
- (2) Track the completion of daily medical and health and comfort checks
- (3) Ensure each Sailor is contacted by phone by the floor captain
- (4) Ensure each Sailor receives three meals a day and has adequate drinking water
- (5) Serves as the principal point of contact between the TR and Hotel Staff
- (6) Make daily reports to the ECC at 1100 and 2100

2 Apr 2020

NOTE: TR Hotel leadership should depart TR with a personal or government laptop. At least the OIC or LCPO shall have computer access. Hotel leadership shall have printed copies of this notice and all references and enclosures prior to departing TR.

5. Regulations/Prohibits. Personnel shall comply with references (a) through (d). Smoking on balconies is dependent on hotel policy. All personnel shall comply with local hotel smoking policies and are personally liable for fees and penalties. In room delivery service is currently prohibited by the Government of Guam.

6. Conclusion. As true professionals, we will follow the rules of quarantine with the understanding that they are in place to protect us, our shipmates, and the residents of Guam. I appreciate your teamwork to date, and know that we are doing all we can to ensure every TR Sailor is being taken care of to the maximum extent possible. Strict adherence to policy will ensure the health and safety of everyone assigned to the Big Stick and get us back where we belong - at sea and ready for the fight. Thanks for your support.

7. Cancellation. This policy will remain in effect until cancelled by the CO.

8. Records Management. Records created as a result of this notice regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.


(b) (6)



By direction

Releasability and distribution:

This notice is not cleared for public release and is available electronically only via the USS THEODORE ROOSEVELT (CVN 71) SharePoint Page to users with common access card authorization, (b) (7)(E)



USS THEODORE ROOSEVELT (CVN-71) Quarantine / Disembarked Berthing Check Out Sheet

Rank / Rate / Full Name: _____

Check Out Date: _____

Department: _____

Return to Ship Date: _____

Personal Cellphone #: _____

Personal Email address: _____

Hotel and Room Information (to be completed by ECC):

_____**COVID-19 Q & A for Check-Out**

Answer Yes or No to any of the symptoms you are experiencing now:

Fever	Yes	No
Chills	Yes	No
Cough	Yes	No
Sore Throat	Yes	No
Shortness of Breath	Yes	No
Body Aches	Yes	No
Abdominal Pain	Yes	No

To be completed by Medical / ADMIN Department Reps Upon Check-Out

Date: _____

Temperature: _____

Verified by: _____

Signature: _____

RETURN CHECK OUT SHEET TO DEPARTMENT REPRESENTATIVE UPON COMPLETION

Enclosure (1)

USS THEODORE ROOSEVELT (CVN-71) Quarantine / Disembarked Berthing Check In Sheet

Rank / Rate / Full Name: _____
Department: _____
Personal Cellphone #: _____
Personal Email address: _____

Check Out Date: _____
Return to Ship Date: _____

To be completed by Medical / ADMIN Department Reps Upon Check-In

Date: _____

Temperature: _____

Verified by: _____

Signature: _____

COVID-19 Q & A for Check-In

Answer Yes or No to any of the symptoms you are experiencing now:

Fever	Yes	No
Chills	Yes	No
Cough	Yes	No
Sore Throat	Yes	No
Shortness of Breath	Yes	No
Body Aches	Yes	No
Abdominal Pain	Yes	No

RETURN CHECK IN SHEET TO DEPARTMENT REPRESENTATIVE UPON COMPLETION.



LOURDES A. LEON GUERRERO
GOVERNOR

JOSHUA F. TENORIO
LT GOVERNOR

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

LAURENT SF DUEÑAS, MPH, BSN, RN
DEPUTY DIRECTOR

Voluntary Quarantine Letter

Date: _____

Dear _____,

I have determined that your voluntary quarantine is necessary for the preservation and protection of the public health. This determination is based on the following information:

- ☐ Your recent travel history
- ☐ Your identified contact to a known infectious COVID-19 patient.

Therefore, your compliance is hereby requested. You are requested to report to, or remain at your primary residence of record at

_____ by _____
(Physical address of premises subject to quarantine) (Date and time)

Please read the enclosed information carefully and follow the enclosed recommendations. The Department of Public Health and Social Services (DPHSS) requests that you stay home from work, school, child care, other public areas, and to avoid travel by air and sea until we notify you that it is safe to resume your normal activities.

I am including the most recent information available on what you can do to help prevent spread of COVID-19 to others, including your household contacts. The information sheets about COVID-19 are updated often as new information becomes available. You can also access information at the DPHSS website, www.dphss.guam.gov or the Centers for Disease Control and Prevention's website at www.cdc.gov.

We understand that being voluntarily quarantined (home or hotel) may cause significant inconvenience to you. However, it is very important for the protection of your own health and that of others that you abide by this request for voluntary quarantine. If you have any questions about this request or need assistance in complying, please call the Medical Triage Phone Hotline Center at (b) (6). Failure to voluntarily comply with this request may result in an emergency detention order, pursuant to P.L. 22-130.

Sincerely,

(b) (6)

Director, DPHSS

520 WEST SANTA MONICA AVENUE, DEDEDO, GUAM 96929
www.dphss.guam.gov • Ph (b) (6)

Enclosure (2)



LOURDES A. LEON GUERRERO
GOVERNOR, MAGATHADA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGURDO MAGALAYAN

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

LAURENT SF DUEÑAS, MPH, BSN, RN
DEPUTY DIRECTOR

Voluntary Quarantine Acknowledgement

On _____, 20____, I received a written notice from the Department of Public Health and Social Services (DPHSS) indicating that the Director, with the advice of the Medical Director and/or Chief Public Health Officer of the DPHSS, requests my voluntary quarantine from the public.

I have read the notice and the enclosed information carefully and intend to follow the enclosed recommendations. I understand that I will stay home from work, school, child care, and other public areas until I am notified by the DPHSS staff that it is safe to resume my normal activities. Additionally, I will follow any other requests of the DPHSS relating to my voluntary quarantine. I understand that if I have any questions regarding my condition, I will stay where I am and call the department at

(b) (6)

DATED this _____ day of _____, 20____

[Sign Name]

[Print Name]

[Date of Birth]

[Social security number]



LOURDES A. LEON GUERRERO
GOVERNOR, GUAM

JOSHUA F. TENDRIO
LT GOVERNOR, SIGUNDO MAGALIHAN

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DEHORCEY, MPH
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

Completion of Quarantine Clearance Form

Date _____

To Whom It May Concern,

_____ has completed a period of quarantine as recommended by the Department of Public Health and Social Services (DPHSS) for persons suspected of having COVID-19. Quarantine is recommended when someone has contact with a patient who has a communicable disease and contact with other people is restricted in order to prevent spread of the illness.

The DPHSS requested quarantine based on the quarantine principles and conditions contained in P.L.: 22-130. At the completion of the quarantine period, the activities of the above name individual are no longer restricted, and they may return to work, school, and other public activities.

Attached is a fact sheet about COVID-19. In addition, you may find information about COVID-19 at the CDC website, www.cdc.gov, and the WHO website, www.who.org. You may also call DPHSS at

(b) (6) if you have questions.

Sincerely,
(b) (6)

Director

520 WEST SANTA MONICA AVENUE, DEDEDO GUAM 96929
www.dphss.guam.gov • Ph (b) (6)

Hafa Adai, Welcome to TASK FORCE TR HOTEL

- Welcome to the TF TR Hotel, the team from local command on Guam will be your hosts and will be helping you to make sure your stay is comfortable and meets your mission: quartertone and return to TR.
- The host command will provide 3 meals delivered to your door step every day. We will knock at the time of delivery so you can get a fresh meal.
- We strive to provide comfortable service while maintaining no to minimal direct contact with the host command personnel.
- As directed in your orders, you will remain in your room for the duration of the quarantine.
- Each room is provided with two sets of sheets and two weeks of towels. Please use them with that in mind. We will pick up dirty linens at the one week mark in your stay.
- Please keep all trash on station in the appropriate bag until the trash collection day. We will pick up trash every third day.
- You will be medically checked twice a day. In order to support this, please close your balcony door before opening the front door to your room, this will prevent positive air flow from rushing passed our medical providers.
- Medical checks will announce themselves at the door by knocking and saying "Medical Check".
- The only approved place to smoke/vape is the balcony of your hotel room. The balcony must be closed.

IMPORTANT CONTACT NUMBERS

- Hotel Task Element Command Post: _____
- If you are having medical issues that can be addressed by a Corpsman, please call the following number for non-emergency: _____
- If you have a medical emergency and need ambulance assistance, please call: (b) (6) _____
- Chaplain Support: (b) (6) _____

TASK FORCE TR HOTEL COUNT DOWN SCHEDULE

1 <input type="checkbox"/> Welcome <input type="checkbox"/> Medical Checks	2 <input type="checkbox"/> Medical Checks	3 <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up	4 <input type="checkbox"/> Medical Checks	5 <input type="checkbox"/> Medical Checks	6 <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up <input type="checkbox"/> Dirty Linen Pick Up	7 <input type="checkbox"/> Medical Checks <input type="checkbox"/> Personal Laundry
8 <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up	9 <input type="checkbox"/> Medical Checks <input type="checkbox"/> Personal Laundry Return	10 <input type="checkbox"/> Medical Checks	11 <input type="checkbox"/> Medical Checks <input type="checkbox"/> Trash Pick Up	12 <input type="checkbox"/> Medical Checks	13 <input type="checkbox"/> Medical Checks	14 <input type="checkbox"/> Release <input type="checkbox"/> Trash Pick Up

H-FOF-195

PLEASE POST ON DOOR

ROOM No.

NAME:

CELL No.

PERSONAL EMAIL:

DIVISION:

MENU CONSTRAINTS (Circle One):

Please only chose if it is a critical requirement.

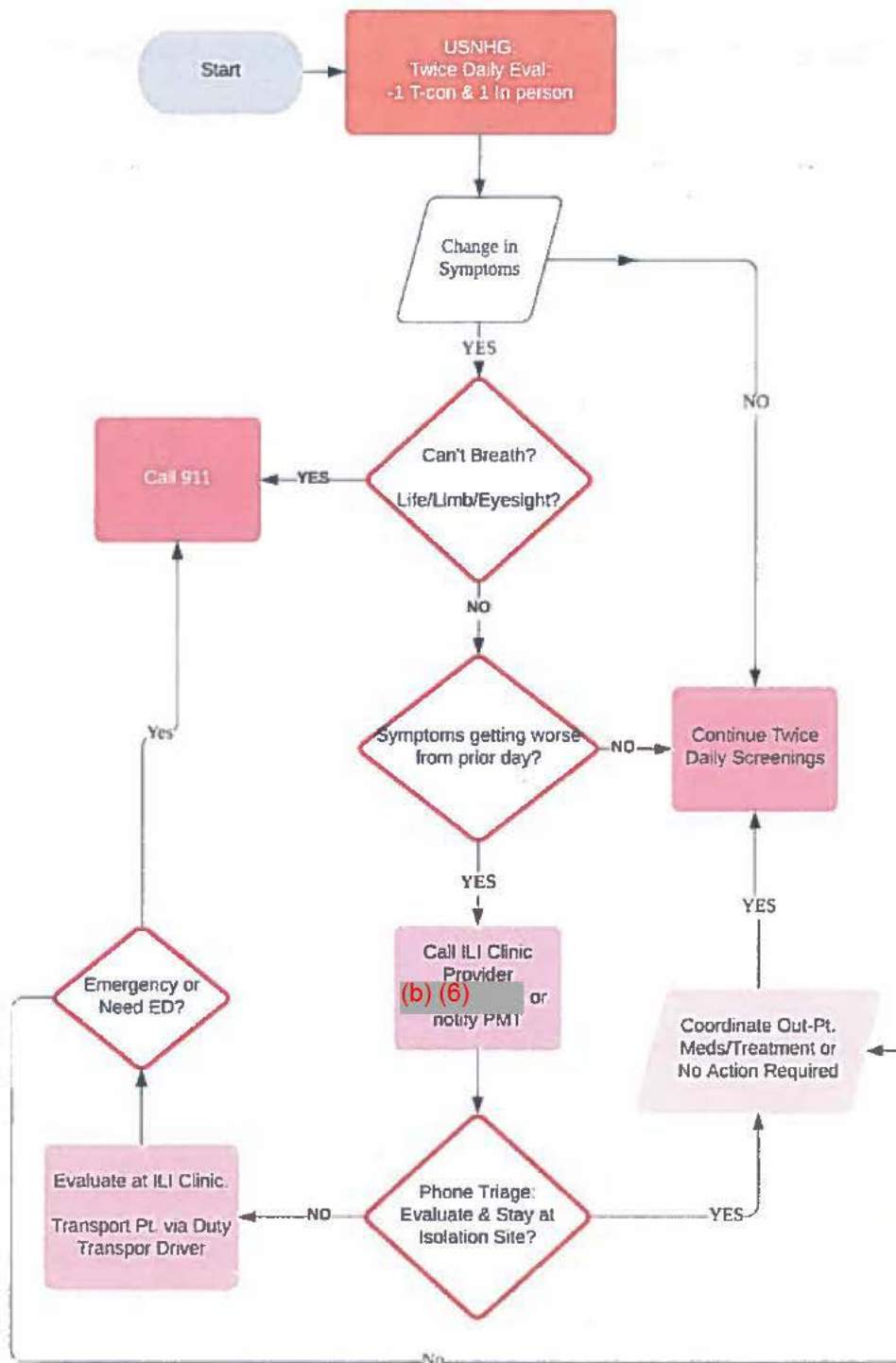
- **Vegetarian**
- **Vegan**
- **Allergy:**_____
- **Religious restriction:**_____

SWAB TEST TIMELINE

Date sent	Tests sent	Date results	Cumulative
3/29	30	3/31	30
3/30	100	4/1	130
3/31	170	4/1	300
4/1	400	4/2	700
4/2	900	4/3	1600
4/3	500	4/4	2100
4/4	500	4/5	2600
4/5	500	4/6	3100
4/6	500	4/7	3600
4/7	500	4/8	4100
4/8	500	4/9	4600
4/9	400	4/10	5100

Isolation

March 31, 2020



-----OFFICIAL INFORMATION DISPATCH FOLLOWS-----
RTTUZYUW RHOIAA0001 0832050-UUUU--RHSSUU.

ZNR UUUUU

R 231957Z MAR 20 MID110000511164U

FM CNO WASHINGTON DC

TO NAVADMIN

BT

UNCLAS

NAVADMIN 083/20

MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/MAR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE//

REF/A/DOC/USD/11MAR20//

REF/B/NAVADMIN/OPNAV/212007ZMAR20//

REF/C/DOC/BUMED/17MAR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION

GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3. REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.//

RMKS/1. REF A requires that personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14 day restriction of movement (ROM). During ROM, Service Members should be restricted to their residence or other appropriate Domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

2. Definitions.

2.a. **Restriction of Movement (ROM).** General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of quarantine and isolation.

2.a.(1) **Quarantine.** Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID-19 positive patient. The current recommended quarantine period is 14 days. Per CDC, quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2.a.(2) **Isolation.** Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

2.b. **Patient (or Person) Under Investigation (PUI).** In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.

2.c. **Self-monitoring.** Per CDC, self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a measured fever, cough, or difficulty breathing

during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether further medical evaluation is needed.

2.d. **Close Contact.** Per CDC, a close contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

3. Applicability. **ROM applies to all Service Members, who in the last 14 days have either been in:**

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries ([https:// www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travelnotices.html)), or

3.b. Close contact with a person known to have COVID-19.

3.c. Per REF A, it is strongly recommended that DoD civilian employees, contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days ROM from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing **or ships**, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available.

4.b. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, and designated smoking areas; and conduct other routine tasks not in a public setting provided they maintain social distancing greater than 6 feet from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

5. Responsibilities.

5.a. Parent command **Commanding Officer/Officer in Charge shall:**

5.a.(1) Ensure screening of personnel for ROM.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. **Provide cost orders for ROM personnel.** Orders will direct the Service Member to a ROM status and not TAD to the host installation. Recommend funding for temporary lodging, if required, be obtained through the Type Commander. This may be accomplished utilizing a General Terms and Conditions document to avoid issues arising from Service Members not having government travel cards.

5.a.(3)B. **Coordinate with installation Commanding Officer for room assignment.** It is imperative that tenant commands inform installations of all personnel in ROM within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).

5.a.(3)C. As needed, **coordinate messing support with the Commanding Officer where a galley is available.** Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.A.(3)E. Ensure personnel supporting individuals in ROM are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.a.(4) If private residence is utilized, coordinate with ROM personnel to ensure all messing needs are met.

5.b. Installation Commanding Officers shall:

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track all ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in a ROM status in private residence/lodging.

5.b.(3) **Provide detailed instructions to tenant commands who require temporary ROM lodging support.**

5.b.(4) If available, coordinate with parent commands to provide take -out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on the status of ROM personnel and associated interaction protocols. Close contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in isolation, and are prepared to respond to medical emergencies with appropriate PPE.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

8. ROM FAQs.

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize close contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize close contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my vicinity?

Answer 7. No, you should limit close contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. No, individuals should be placed in separate lodging (when available).

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in close contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between quarantine and restriction of movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Masks will not protect you from inhaling the virus. The virus is very small and can make its way through and around the mask. The best way to prevent being infected or infecting others is to practice social distancing and good hygiene techniques (such as washing your hands regularly with soap and water for at least 20 seconds, avoid touching your face, avoid sick persons, etc).

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched

surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

BT

#0001

NNNN

V/r,

CNRSW ROC

com: (b) (6)

fax: (b) (6)

NIPR: (b) (6)@navy.mil

SIPR: (b) (6)@navy.smil.mil

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UFISINAN I MAGA'HÅGA
OFFICE OF THE GOVERNOR

LOURDES A. LEON GUERRERO
MAGA'HÅGA • GOVERNOR



JOSHUA F. TENORIO
SIGUNDO MAGA'LÅHI • LIEUTENANT GOVERNOR

Via Email: (b) (6) @fe.navy.mil

April 1, 2020

Rear Admiral John V. Menoni
Commander Joint Region Marianas
(b) (6)
Halsey Drive, Nimitz Hill
Piti, Guam 96915

Re: USS Theodore Roosevelt

Dear Rear Admiral Menoni:

I understand well your obligation to care for and protect the Sailors who are aboard the USS Theodore Roosevelt. I have a similar obligation to the people of Guam. It is my duty to guard against the public health threat that is COVID-19. I take this duty very seriously and it is for this reason that I will not oppose your request to move the Sailors from the carrier, provided that such movement is conditioned on the following demands:

1. Ensure that the Department of Defense and, consequently, the federal government, has exhausted its available resources and opportunities to quarantine and/or house personnel of the USS Theodore Roosevelt on federal property before moving to local civilian facilities.
2. No Sailor or other member of your personnel will be allowed to be moved off-base without having tested negative for COVID-19 in the 48 hours immediately prior to movement. Such testing results will be shared with the Guam Department of Public Health and Social Services (DPHSS).
3. Every individual housed in the military's quarantine facilities will be asked to sign a voluntary consent to quarantine on forms prescribed by the DPHSS. A refusal to consent, whether by intentional non-compliance or by mistake will be deemed an involuntary quarantine subject to our local jurisdiction.
4. Medical needs of any of your personnel will be addressed utilizing solely federal assets, whether through the Naval Hospital Guam, or additional medical resources allocated to this endeavor.

To: Rear Admiral Menoni
Fr: Governor of Guam
Date: April 1, 2020
Re: USS Theodore Roosevelt

Page 2 of 2

5. Individuals in the military's quarantine facilities will be restricted in their movement. No movement outside the quarantine facilities will be allowed.
6. The federal government will provide personal protective equipment, at no cost to the private vendor housing the quarantine facilities, amply sufficient for every member of the staff required to work on the premises.
7. The federal government agrees to cover the cost of hazardous differential for exposure to biohazards as established pursuant federal law and regulation for all staff of the private vendor housing the quarantine facilities required to work on the premises. That differential should be no less than 25% for biohazards, including COVID-19.

Understand that I did not make this decision lightly. Already I have heard calls from certain members of our community to oppose this movement. I know that those calls are motivated by the same desire that I have to protect Guam's people. We are an island of limited resources facing an unprecedented challenge. In an effort to meet that challenge, I have had to take several executive actions to limit public, government, and business activities, consolidate our healthcare delivery system, restrict entry to the island, and quarantine even members of our own community.

You are asking our people to accommodate a large influx of individuals. The 4,000 Sailors aboard the USS Theodore Roosevelt amount to approximately 2.5% of our island's total population. We are a welcoming people by nature and I know that there are sons and daughters of Guam aboard the carrier. If we have reason to believe that the quarantine requirements are not being complied with, I will authorize any necessary legal action to enforce compliance.

Senseremente,



LOURDES A. LEON GUERRERO
Maga'hågan Guåhan
Governor of Guam

cc via email: *Sigundo Maga'låhen Guåhan*



DEPARTMENT OF THE NAVY
COMMANDER, CARRIER STRIKE GROUP NINE
UNIT 200219 BOX 1
FPO AP 96602

IN REPLY REFER TO

6210

Ser 01/063

1 Apr 20

MEMORANDUM

From: Commander, Carrier Strike Group NINE

Subj: MEDICAL QUARANTINE ORDER

1. In light of the public health emergency posed by the COVID-19 pandemic, this is a formal notice that, as Commander, Carrier Strike Group NINE, I am ordering your quarantine. I am providing you with the following directions and information regarding the quarantine.
2. This order will apply to each individual upon removal from the ship to begin quarantine:
 - a. The quarantine will last no less than 14 days for each individual and will be deemed complete by your chain of command or authorized medical personnel.
 - b. You are not authorized to leave your hotel room unless so ordered by your chain of command or authorized medical personnel.
 - c. You are not authorized to allow anyone into your hotel room unless so ordered by your chain of command or authorized medical personnel.
 - d. You are not authorized to get within six feet of any other person unless so ordered by your chain of command or authorized medical personnel.
 - e. You will conduct a daily medical self-screening. If you develop any symptoms of COVID-19 while under quarantine, to include, but not limited to fever, body aches, and respiratory distress, you shall notify authorized medical personnel immediately.
 - f. You are prohibited from charging any costs to the hotel.
 - g. You are in a duty status during your quarantine.
2. Due to response to COVID-19, your medical quarantine is reasonably necessary to accomplish the military mission of Carrier Strike Group NINE and to safeguard the health, safety, and welfare of its members. Failure to comply with these rules may result in requiring a new period of quarantine. Further, any violations of this order are subject to adverse administrative actions and/or disciplinary action under the Uniform Code of Military Justice.

S. P. BAKER



DEPARTMENT OF THE NAVY
COMMANDER, CARRIER STRIKE GROUP NINE
UNIT 200219 BOX 1
FPO AP 96602

IN REPLY REFER TO

6210
Ser 01/062
27 Mar 20

MEMORANDUM

From: Commander, Carrier Strike Group NINE

Subj: USE OF RECORDING DEVICES DURING QUARANTINE AND ISOLATION

Ref: (a) DoD Manual 6025.18
(b) SECNAVINST 3070.2A

1. In accordance with references (a) and (b), you are ordered not to make any digital recordings of individuals, other than yourself, in either quarantine or isolation spaces in order to protect both their medical information and operational security. Adherence to this directive is mandatory; failure to comply with this order may result in punitive action.
2. My point of contact for this issue is LCDR (b) (6), JAGC, USN, Staff Judge Advocate, who may be reached at (b) (6) @ccsg9.navy.mil or (b) (6)



S. P. BAKER

(b) (6)

LCDR USN NAVCIVLAWSUPPACT DC (USA)

From: Love, Robert E SES (USA) <(b) (6)@navy.mil>
Sent: Thursday, May 14, 2020 3:57 PM
To: (b) (6) CAPT USN DNS (USA)
Cc: Spedero, Paul C Jr RDML USN USFFC (USA)
Subject: FW: TR Family Letters

FYSA

Sent with BlackBerry Work
(www.blackberry.com)

From: Love, Robert E SES (USA) <(b) (6)@navy.mil>
Date: Thursday, Apr 02, 2020, 7:00 AM
To: 'Crozier, Brett E CAPT USN, USS Theodore Roosevelt' <(b) (6)@cvn71.navy.mil>
Cc: Deal, Steven E SES USN (USA) <(b) (6)@navy.mil>, (b) (6) CAPT USN UNSECNAV DC (USA)
<(b) (6)@navy.mil>
Subject: RE: TR Family Letters

Thanks for the letters.

We have been energized since day 1 in support of our Sailors aboard TR - as evidenced by the level of support being vectored to the TR. The support you and the crew are receiving today was the result of the hard work initiated early on.

I am happy to help you, as discussed on Sunday, 28 March (Local East Coast time) and remain available to you around the clock. In addition you have a direct line to SECNAV.

Bob

Robert E. Love
Chief of Staff
Secretary of the Navy
1000 Navy Pentagon
Washington, D.C. 20350-1000
(o) (b) (6)
SIPR: (b) (6)@navy.smil.mil

"Don't Give Up the Ship"

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-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6)@cvn71.navy.mil>

Sent: Thursday, April 2, 2020 1:53 AM

To: Love, Robert E SES (USA) <(b) (6)@navy.mil>

Cc: Deal, Steven E SES USN (USA) <(b) (6)@navy.mil>; (b) (6)

CAPT USN UNSECNAV DC (USA) <(b) (6)@navy.mil>

Subject: RE: TR Family Letters

Sir,

Made some final edits to the most recent TR Family Letter (attached).

Wanted to ensure you had the latest.

Vr,

Chopper

CAPT Brett E. Crozier

Commanding Officer

USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

Sent: Thursday, April 02, 2020 11:54 AM

To: 'Love, Robert E SES (USA)'

Cc: Deal, Steven E SES USN (USA); (b) (6) CAPT USN UNSECNAV

DC (USA)

Subject: TR Family Letters

Sir,

Good afternoon. Thanks for the opportunity to chat this morning.

I've attached the most recent, and last couple letters I have sent out to the TR families.

Let me know if you have any questions.

Vr,

Chopper

CAPT Brett E. Crozier

Commanding Officer

USS THEODORE ROOSEVELT (CVN 71)

-----Original Message-----

From: Love, Robert E SES (USA) [mailto:(b) (6)@navy.mil]

Sent: Wednesday, April 01, 2020 9:18 PM

To: Crozier, Brett E CAPT USN (USA); Crozier, Brett E CAPT USN, USS Theodore Roosevelt

Cc: Deal, Steven E SES USN (USA); (b) (6) CAPT USN UNSECNAV

DC

(USA)

Subject: FW: Support Requirements

Brett,

Tried calling you yesterday no luck. Can you call me? Anytime day or night.

Office: (b) (6)

Cell: (b) (6)

Home: (b) (6)

Robert E. Love

Chief of Staff

Secretary of the Navy

1000 Navy Pentagon

Washington, D.C. 20350-1000

(o) (b) (6)

SIPR: (b) (6) @navy.smil.mil <mailto:(b) (6) @navy.smil.mil>

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From: Love, Robert E SES (USA)

Sent: Monday, March 30, 2020 7:35 AM

To: (b) (6) @cvn71.navy.mil

Cc: Deal, Steven E SES USN (USA) <(b) (6) @navy.mil>; (b) (6) CAPT USN UNSECNAV DC (USA) <(b) (6) @navy.mil>; 'Gillingham, Bruce L RADM USN CNO (USA)' <(b) (6) @mail.mil>; Haeuptle, Andrew S SES USN DNS (USA) <(b) (6) @navy.mil>
Subject: Support Requirements

CAPT Crozier,

Thanks for taking time to talk yesterday. We have decided not to visit TR so you can continue to focus on the health and welfare of your sailors.

What support do you need? Are you still looking for billeting? What else?

How many people have you tested, so far?

I'll call you later today.

V,

Robert E. Love

Chief of Staff

Secretary of the Navy

1000 Navy Pentagon

Washington, D.C. 20350-1000

(o) (b) (6)

SIPR: (b) (6) @navy.smil.mil

"Don't Give Up the Ship"

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DEPARTMENT OF THE NAVY
COMMANDER, CARRIER STRIKE GROUP NINE
UNIT 200219 BOX 1
FPO AP 96602

IN REPLY REFER TO

6210
Ser 01/063
1 Apr 20

MEMORANDUM

From: Commander, Carrier Strike Group NINE

Subj: MEDICAL QUARANTINE ORDER

1. In light of the public health emergency posed by the COVID-19 pandemic, this is a formal notice that, as Commander, Carrier Strike Group NINE, I am ordering your quarantine. I am providing you with the following directions and information regarding the quarantine.

2. This order will apply to each individual upon removal from the ship to begin quarantine:

a. The quarantine will last no less than 14 days for each individual and will be deemed complete by your chain of command or authorized medical personnel.

b. You are not authorized to leave your hotel room unless so ordered by your chain of command or authorized medical personnel.

c. You are not authorized to allow anyone into your hotel room unless so ordered by your chain of command or authorized medical personnel.

d. You are not authorized to get within six feet of any other person unless so ordered by your chain of command or authorized medical personnel.

e. You will conduct a daily medical self-screening. If you develop any symptoms of COVID-19 while under quarantine, to include, but not limited to fever, body aches, and respiratory distress, you shall notify authorized medical personnel immediately.

f. You are prohibited from charging any costs to the hotel.

g. You are in a duty status during your quarantine.

2. Due to response to COVID-19, your medical quarantine is reasonably necessary to accomplish the military mission of Carrier Strike Group NINE and to safeguard the health, safety, and welfare of its members. Failure to comply with these rules may result in requiring a new period of quarantine. Further, any violations of this order are subject to adverse administrative actions and/or disciplinary action under the Uniform Code of Military Justice.


S. P. BAKER

The Washington Post

Democracy Dies in Darkness

Coronavirus

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World map

Reopening tracker

Lives lost

Your life a



Virus-stricken aircraft carrier erupts in applause and cheers as ousted Navy captain departs

By **Paul Sonne**, **Dan Lamothe** and **Alex Horton**

April 3, 2020 at 4:18 p.m. EDT

Videos that emerged on social media showed crew members of the USS Theodore Roosevelt aircraft carrier cheering their captain in a walloping send-off, after the Navy removed him Thursday for speaking up in a leaked letter to his superiors about what he saw as insufficient measures to contain a coronavirus outbreak aboard the vessel.

Footage posted on Facebook and Twitter appears to show hundreds of service members crowding into a hangar around Capt. Brett Crozier as he makes his way off the vessel over a gangway to Guam, a backpack slung over his shoulder. The sailors chant “Captain Crozier!” over and over, clapping and cheering. In one of the videos, a voice in the background says: “And that’s how you send out one of the greatest captains you ever had!”

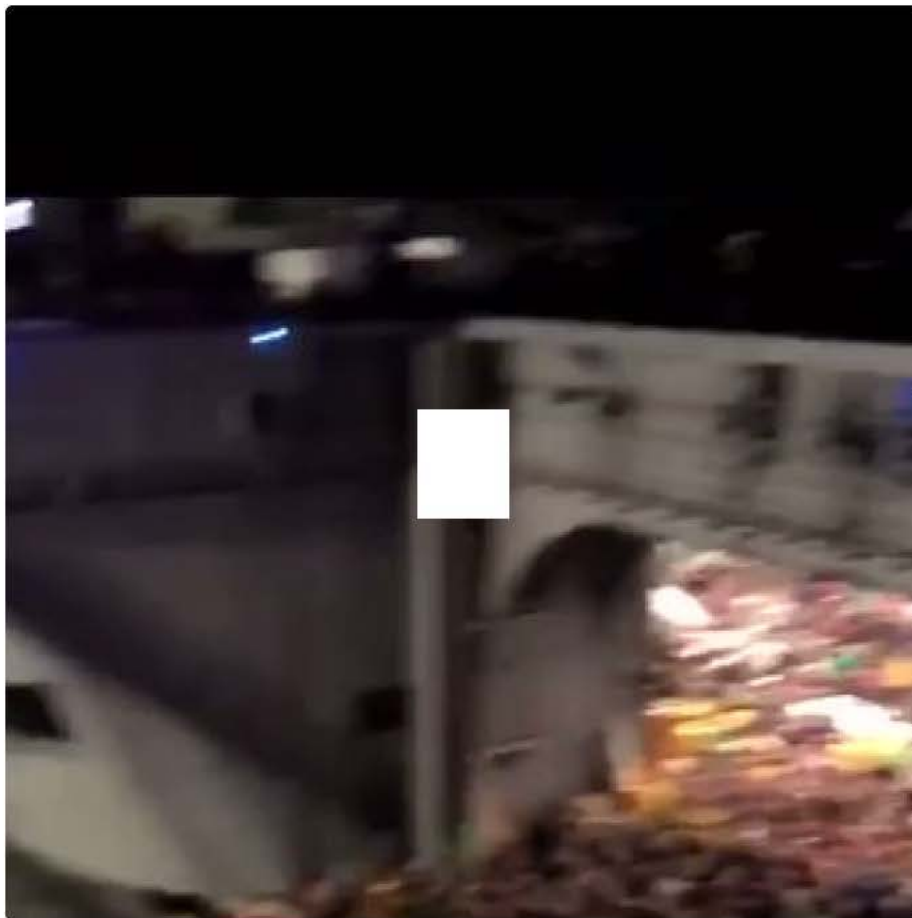
In one of the videos, Crozier stands a few feet from his crew, awash in applause as a vehicle waits to take him away. He waves and salutes, then turns to walk away alone.

AD



Dylan Castillo
@Sotero269

Wrongfully relieved of command but did right by the sailors.
[#navy](#) [@UncleChaps](#) [@katebarstool](#) [@ZeroBlog30](#)
[@CaptainCons](#)



31.9K 7:18 AM - Apr 3, 2020

9,618 people are talking about this

H-FOF-198

The video footage not only demonstrated the support for Crozier aboard the aircraft carrier but also showed what appeared to be hundreds of sailors gathering closely in a large group — the sort of environment that health officials have warned can lead to rapid transmission of the virus.

The groundswell of support for Crozier — which extended to comments from crew members and their families — came as the latest episode in a drama over the coronavirus outbreak on the Nimitz-class nuclear-powered aircraft carrier. The saga has shined a harsh spotlight on Pentagon leadership accused of failing to act swiftly and aggressively enough to stop a rapid spread of disease among the carrier's nearly 5,000-person crew, accusations that top Pentagon officials deny.

The controversy over the carrier also risked becoming increasingly political, as Democratic senators and congressmen called for a Pentagon inspector general investigation into Crozier's firing and former vice president Joe Biden, President Trump's likely rival in the November election, went public with support for the ousted commanding officer.

AD

“Captain Crozier was faithful to his duty both to his sailors and his country,” Biden tweeted. “Navy leadership sent a chilling message about speaking truth to power. The poor judgment here belongs to the Trump Admin, not a courageous officer trying to protect his sailors.”

In a letter to senior officials on Monday, subsequently leaked by an anonymous source to the San Francisco Chronicle, Crozier asked that 90 percent of the ship’s crew be moved into isolation for two weeks on Guam, warning that if the leadership didn’t take such extraordinary measures, “we are failing to properly take care of our most trusted asset our Sailors.”

The Pentagon has rejected the type of full-scale evacuation Crozier sought, saying the ship must remain ready at any time and about 1,000 service members must be aboard to safeguard the ship and its weapons. The situation aboard the Roosevelt is by far the U.S. military’s largest coronavirus outbreak to date.

AD

U.S. aircraft carriers, floating cities powered by nuclear reactors, are symbols of the nation's global projection. The Navy has 11 active carriers in its inventory. The consequences of taking one offline — especially a ship assigned to patrol the Pacific as a check on China's military power — would be enormous, but Crozier argued it was necessary to protect the health of his crew.

As of Friday, 41 percent of the Roosevelt crew had been tested for covid-19, with 137 coming back positive, the Navy said. Four hundred more sailors who tested negative were slated to move into Guam hotels for quarantine on Friday evening, bringing the total of those moved to 576. There have been zero hospitalizations.

Comments from acting Navy secretary Thomas Modly to the crew during his announcement of Crozier's dismissal on Thursday were posted to the ship's official [Facebook page](#) early Friday.

AD

"I am entirely convinced that your Commanding Officer loves you, and that he had you at the center of his heart and mind in every decision that he has made," Modly said. "I also know that you have great affection, and love, for him as well. But it is my responsibility to ensure that his love and concern for you is matched, if not exceeded by, his sober and professional judgment under pressure."

Modly said Thursday that Crozier had shown “poor judgment” in sending his letter by email to 20 or 30 people. Modly didn’t directly accuse Crozier of leaking the letter to the San Francisco Chronicle but noted it appeared in the captain’s hometown newspaper. The Navy is conducting an internal investigation into the matter.

Modly argued that Crozier’s letter undermined more senior Navy leaders and could have emboldened adversaries of the United States in the Pacific region. He said the decision to remove Crozier was his, and that he received no pressure from the White House on the issue.

AD

Speaking to the press on Friday, Pentagon spokesman Jonathan Hoffman said that Defense Secretary Mark T. Esper had supported Modly’s decision “based on the secretary of the Navy . . . informing the secretary of defense that he had lost confidence in the captain.”

A Navy helicopter pilot turned businessman, Modly took over as the Navy’s top civilian leader late last year after his predecessor was fired amid a controversy over Trump’s personal intervention in a Navy SEAL war crimes case.

In an interview with radio host Hugh Hewitt on Friday, Modly said Crozier's chain of command began with the strike group commander — a rear admiral housed on the same carrier.

AD

“Instead of going to that particular admiral's cabin and sitting down and talking with him about his concerns and coming up with a strategy with him on how to address them, he decided to send an email and copy that email to a large list of other people who were not in the chain of command, and sent it up also through the chain of command skipping people in the chain of command,” Modly said. “And that, to me, just represented just extremely poor judgment, because once you do that in this digital era, you know that there is no way that you can control where that information's going to go.”

Modly also said he had set up a direct line to Crozier, and had asked the captain to use it if he needed help or felt anything was going poorly. “And he did not do that,” Modly said.

The acting Navy secretary suggested that the public airing of the crisis was dangerous, recalling the saying “loose lips sink ships,” in what appeared to be an implicit warning to other sailors to not speak publicly about the situation on the carrier. At the same time, Modly emphasized that he had held three news conferences to discuss the outbreak aboard the Theodore Roosevelt since last week, detailing the number of confirmed coronavirus cases.

AD

It isn't yet clear what specifically led Crozier to write and send the letter. Crozier was relieved of his duties but remains a captain in the Navy. He could not be reached for comment.

By the time Crozier's letter was written, the Navy had already made public the fact of a coronavirus outbreak on the Roosevelt, confirming publicly on March 24 that three sailors had tested positive and been quarantined. What the letter revealed, when it leaked, was apparent dissatisfaction on the carrier with the pace at which the Navy was removing sailors from the ship and taking other measures.

It captured concerns that family members of sailors on the ship had been expressing for days.

AD

“I thought his letter touched on all the points that us, as family members, were feeling,” said the mother of a sailor on the vessel who has since tested positive for coronavirus.

More broadly, family members of Roosevelt sailors, speaking on the condition of anonymity because of concerns about retaliation against their sailors, have expressed support for Crozier and gratefulness for his willingness to speak up.

The father of one sailor told The Washington Post that he thinks the crew understands the decision to relieve Crozier of his command, but the video of sailors chanting his name as he departed “speaks loudly of how much they appreciate what a true Navy commanding officer is all about.”

“He is a hero in my book who cares tremendously for the well-being of my daughter and all her shipmates,” the father said.

The mother of another sailor said that her son’s best friend on the ship had tested positive for coronavirus, and her son is waiting for his own test. In the meantime, medical professionals are taking his temperature twice a day, and he is sleeping on a cot in a gymnasium with hundreds of other sailors.

“I FaceTimed with him last night, and I looked and I said, ‘That doesn’t like those cots are six feet apart,’ ” the mother said. “They’re still not in hotels. They’re all playing cards. They’re all doing their things, and nothing is being done with these sailors.”

Another parent, Margalis Fjelstad of Green Valley, Ariz., said that her daughter tested positive for the virus and was removed from the ship early in the week. She is now quarantined with a few other women from the crew who have demonstrated symptoms of the virus.

“She’s feeling exhausted,” Fjelstad said. “She sleeps most of the day, and a lot of times she’s up and down at night. Her temperature is spiking, then coming down and going up again. Tuesday and Wednesday, we weren’t able to talk on the phone because she couldn’t talk and breathe at the same time.”

Fjelstad said she is “horrified” that the Navy relieved the captain of command.

“I think it was outrageous that he would be relieved of duty while trying to protect the sailors under his command,” she said. “It just seems against the values of the Navy.”

The bond between ship commanders and crew is distinct from every other military command, fused at the “elemental level” in an understanding of the unique power and responsibility a skipper wields, said Bryan McGrath, a former commander of a Navy destroyer.

So the emotional outpouring among crew and their families was not unprecedented, McGrath said, and Crozier is not the first commander who has received such a send-off. But the feelings were obvious, he said.

McGrath, now a defense consultant, counts the Navy as one of his clients. He said it was apparent both Crozier and Navy leaders believed they were doing the right thing.

“I think both sides have a piece of right here,” McGrath said. “Crozier made his stand. When he wrote that letter, he almost certainly knew it may end up like this.”

Missy Ryan contributed to this report.

Coronavirus: What you need to read

The Washington Post is providing some coronavirus coverage free, including:

Updated May 25, 2020

Live updates: The latest in the U.S.

Coronavirus maps: Cases and deaths in the U.S. | Cases and deaths worldwide | Which states are reopening

What you need to know: Your life at home | Personal finance guide | Make your own fabric mask | Follow all of our coronavirus coverage and sign up for our daily newsletter.

How to help: Your community | Seniors | Restaurants | Keep at-risk people in mind

Have you been **hospitalized for covid-19**? Tell us whether you've gotten a bill.

From: (b) (6) [CAPT USN NAVHOSP GU \(USA\)](#)
To: (b) (6) [LT USN VCNO \(USA\)](#)
Cc: (b) (6) [CAPT USN COMNAVSAFECEN NOR VA \(USA\)](#)
Subject: RE: TR Command Investigation - Follow-up
Date: Thursday, May 21, 2020 6:34:52 PM

LT

Happy to

1. Why did you come to the conclusion, as expressed to the TR XO, that TR might need to keep COVID+ persons on the ship because quarantine spaces on Guam were inadequate?

SEVERAL REASONS – and most related to discussion with my PHEO (CDR (b) (6)) and prior to having the larger joint NBG, JRM, Tenant commanders discussions r/t capabilities)

- By the time we received 25 individuals off the TR we realized that COVID was through the entire ship
- Political ramifications for the movement of TR Sailors presumed positive off of the base ---Past difficulties with perceptions on island by the local population
- 2 weeks prior to TR we had a Cruise line ask to come into Guam port which was denied by GOV GUAM and directed to NBG where we (JRM, NH, NBG and other tenant commands)
- did a table top for how we would handle it ---- granted Cruise line had private staterooms but our recommendation was to keep passengers on board unless they needed Hospital care.
- Lack of space for true isolation on base i.e only ~100 hotel rooms (prior to the contract done between JRM and Gov Guam)
- Difficulty with supplying food and lodging in general No galleys on Navy Base Guam
- This was also prior to the Base expanding their isolation to the houses that were converted to Group Isolation and prior to the

2. Did you pass this conclusion to other medical professionals?

- It was a discussion done on the first 2 of our 7th FLT PACFLT daily sync calls

Please let me know if you need more or further clarification

V/r
CAPT (b) (6)

From: (b) (6) LT USN VCNO (USA) <(b) (6)>@navy.mil>
Sent: Friday, May 22, 2020 1:01 AM

To: (b) (6) CAPT USN NAVHOSP GU (USA) <(b) (6)@mail.mil>
Cc: (b) (6) CAPT USN COMNAVSAFECEN NOR VA (USA) <(b) (6)@navy.mil>
Subject: TR Command Investigation - Follow-up

****PRE-DECISIONAL / DELIBERATIVE INFORMATION // ~~FOR OFFICIAL USE ONLY~~****

Good morning CAPT (b) (6),

Ma'am, I'm writing to you with several more RFIs from the VCNO and the CI Team. Thank you for all of your assistance thus far.

RFI: VCNO would like additional information about the evaluation of ashore berthing for TR Sailors. In your testimony I believe that your PHEO evaluated the berthing and reported to you. VCNO's specific questions were as follows:

1. Why did you come to the conclusion, as expressed to the TR XO, that TR might need to keep COVID+ persons on the ship because quarantine spaces on Guam were inadequate?
2. Did you pass this conclusion to other medical professionals?

Please let me know if you have any questions, and thank you for your time, ma'am.

Very respectfully,

LT (b) (6)
Command Investigation Team
Vice Chief of Naval Operations
O: (b) (6)
Pentagon Room (b) (6)
Washington, DC 20350-1000
(b) (6)@navy.(smil.)mil

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5830
21 Apr 2020

From: LT (b) (6) JAGC, USN, Preliminary Inquiry Officer
To: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)

Subj: LINE OF DUTY INVESTIGATION ICO AOC (b) (6) USN

Ref: (a) JAGMAN Chapter II
(b) OPNAVINST 5100.12J
(c) MILPERSMAN 1770-010

Encl: (1) Appointing Letter dtd 17 Apr 2020
(2) Government of Guam Certificate of Death dtd 16 Apr 2020

1. This reports completion of the line of duty preliminary inquiry conducted in accordance with reference (a) and pursuant to enclosure (1) concerning the death of Aviation Ordnanceman Chief Petty Officer (b) (6) U.S. Navy, on or about 16 April 2020.

2. Due to restriction of movement requirements, this investigation was conducted telephonically and through e-mail correspondence. The information below was confirmed via correspondence with CAPT (b) (6) MC, USN, Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71), and HM1 (b) (6) Navy Marine Corps Mortuary Department Guam.

3. AOC (b) (6) tested positive for corona virus disease (COVID) 19 on 30 March 20 and was moved into isolation on Naval Base Guam, where he began receiving medical evaluations twice a day. On 5 April AOC (b) (6) was evaluated at United States Naval Hospital (USNH) Guam Emergency Room and was discharged the same day back into isolation. AOC (b) (6) continued to receive medical evaluations twice a day. On 9 April, AOC (b) (6) was found unresponsive during his medical check and immediately transported to USNH Guam Intensive Care Unit (ICU). 48 hours prior to being found unresponsive, his medical evaluations indicated that he was clinically improving. On 13 April AOC (b) (6) passed away at USNH Guam ICU. The cause of death was severe anoxic brain injury, cardiac arrest, and COVID 19 sepsis. (Encl. 2). Because AOC (b) (6) passed away while being monitored by health care professionals, the Armed Forces Medical Examiner System did not have jurisdiction and accordingly, an autopsy was not performed.

4. Recommendation:

Pursuant to reference (a) and based on the foregoing findings, I recommend you find that AOC (b) (6) death was in the line of duty.

(b) (6)



DEPARTMENT OF THE NAVY
USS THEODORE ROOSEVELT (CVN 71)
UNIT 100250 BOX 1
FPO AP 96632

5830
Ser LEG/043
17 Apr 20

From: Commanding Officer, USS THEODORE ROOSEVELT (CVN 71)
To: LT (b) (6), JAGC, USN

Subj: PRELIMINARY INQUIRY INTO THE LINE OF DUTY STATUS OF AOC
(b) (6) USN

Ref: (a) JAG Manual, Chapter II

1. This appoints you, per reference (a), to inquire into the facts and circumstances surrounding the death of AOC (b) (6) on or about 13 April 2020.
2. Your investigation should include sufficient information to determine (a) whether the member's injury was incurred in the line of duty and (b) whether such injury was as a result of the member's own misconduct.
3. Report your findings and recommendations in letter form by 27 April 2020, unless an extension of time is granted. If you have not previously done so, read reference (a) before beginning your investigation.
4. You may seek legal advice from LCDR (b) (6) JAGC, USN, USS THEODORE ROOSEVELT (CVN 71), during the course of your investigation.

(b) (6)
By direction

CERTIFICATION OF VITAL RECORD

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES

GOVERNMENT OF GUAM
CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial) (b) (6)		2. SEX (b) (6)		3. DATE OF BIRTH (b) (6)		4. PLACE OF BIRTH (City and State or Foreign Country) (b) (6)	
5. AGE (Years) 41		6. SEX (b) (6)		7. DATE OF DEATH (b) (6)		8. PLACE OF DEATH (City and State or Foreign Country) (b) (6)	
9. RESIDENT STATUS (b) (6)		10. COUNTRY OF BIRTH UNITED STATES OF AMERICA		11. CITY OF BIRTH (b) (6)		12. COUNTY OF BIRTH (b) (6)	
13. SOCIAL SECURITY NUMBER (b) (6)		14. MARITAL STATUS AT TIME OF DEATH (b) (6)		15. DATE OF MARRIAGE (b) (6)		16. PLACE OF MARRIAGE (b) (6)	
17. TYPE OF DEATH (b) (6)		18. CAUSE OF DEATH (List all causes, including immediate, intermediate, and underlying causes) (b) (6)		19. MANNER OF DEATH (Natural, Accidental, Homicide, Suicide, Unknown) (b) (6)		20. PLACE OF DEATH (City and State or Foreign Country) (b) (6)	
21. DEATH OCCURRED IN A HOSPITAL (b) (6)		22. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		23. DEATH OCCURRED IN A HOME (b) (6)		24. DEATH OCCURRED IN A NURSING HOME (b) (6)	
25. DEATH OCCURRED IN A HOSPITAL (b) (6)		26. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		27. DEATH OCCURRED IN A HOME (b) (6)		28. DEATH OCCURRED IN A NURSING HOME (b) (6)	
29. DEATH OCCURRED IN A HOSPITAL (b) (6)		30. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		31. DEATH OCCURRED IN A HOME (b) (6)		32. DEATH OCCURRED IN A NURSING HOME (b) (6)	
33. DEATH OCCURRED IN A HOSPITAL (b) (6)		34. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		35. DEATH OCCURRED IN A HOME (b) (6)		36. DEATH OCCURRED IN A NURSING HOME (b) (6)	
37. DEATH OCCURRED IN A HOSPITAL (b) (6)		38. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		39. DEATH OCCURRED IN A HOME (b) (6)		40. DEATH OCCURRED IN A NURSING HOME (b) (6)	
41. DEATH OCCURRED IN A HOSPITAL (b) (6)		42. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		43. DEATH OCCURRED IN A HOME (b) (6)		44. DEATH OCCURRED IN A NURSING HOME (b) (6)	
45. DEATH OCCURRED IN A HOSPITAL (b) (6)		46. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		47. DEATH OCCURRED IN A HOME (b) (6)		48. DEATH OCCURRED IN A NURSING HOME (b) (6)	
49. DEATH OCCURRED IN A HOSPITAL (b) (6)		50. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		51. DEATH OCCURRED IN A HOME (b) (6)		52. DEATH OCCURRED IN A NURSING HOME (b) (6)	
53. DEATH OCCURRED IN A HOSPITAL (b) (6)		54. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		55. DEATH OCCURRED IN A HOME (b) (6)		56. DEATH OCCURRED IN A NURSING HOME (b) (6)	
57. DEATH OCCURRED IN A HOSPITAL (b) (6)		58. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		59. DEATH OCCURRED IN A HOME (b) (6)		60. DEATH OCCURRED IN A NURSING HOME (b) (6)	
61. DEATH OCCURRED IN A HOSPITAL (b) (6)		62. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		63. DEATH OCCURRED IN A HOME (b) (6)		64. DEATH OCCURRED IN A NURSING HOME (b) (6)	
65. DEATH OCCURRED IN A HOSPITAL (b) (6)		66. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		67. DEATH OCCURRED IN A HOME (b) (6)		68. DEATH OCCURRED IN A NURSING HOME (b) (6)	
69. DEATH OCCURRED IN A HOSPITAL (b) (6)		70. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		71. DEATH OCCURRED IN A HOME (b) (6)		72. DEATH OCCURRED IN A NURSING HOME (b) (6)	
73. DEATH OCCURRED IN A HOSPITAL (b) (6)		74. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		75. DEATH OCCURRED IN A HOME (b) (6)		76. DEATH OCCURRED IN A NURSING HOME (b) (6)	
77. DEATH OCCURRED IN A HOSPITAL (b) (6)		78. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		79. DEATH OCCURRED IN A HOME (b) (6)		80. DEATH OCCURRED IN A NURSING HOME (b) (6)	
81. DEATH OCCURRED IN A HOSPITAL (b) (6)		82. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		83. DEATH OCCURRED IN A HOME (b) (6)		84. DEATH OCCURRED IN A NURSING HOME (b) (6)	
85. DEATH OCCURRED IN A HOSPITAL (b) (6)		86. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		87. DEATH OCCURRED IN A HOME (b) (6)		88. DEATH OCCURRED IN A NURSING HOME (b) (6)	
89. DEATH OCCURRED IN A HOSPITAL (b) (6)		90. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		91. DEATH OCCURRED IN A HOME (b) (6)		92. DEATH OCCURRED IN A NURSING HOME (b) (6)	
93. DEATH OCCURRED IN A HOSPITAL (b) (6)		94. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		95. DEATH OCCURRED IN A HOME (b) (6)		96. DEATH OCCURRED IN A NURSING HOME (b) (6)	
97. DEATH OCCURRED IN A HOSPITAL (b) (6)		98. DEATH OCCURRED OUTSIDE OF A HOSPITAL (b) (6)		99. DEATH OCCURRED IN A HOME (b) (6)		100. DEATH OCCURRED IN A NURSING HOME (b) (6)	

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H.FOF-200

Your Navy

SECNAV: Roosevelt skipper either 'too naïve or too stupid' to command aircraft carrier

Diana Stancy Correll and J.D. Simkins

📅 April 6

34.6K



The carrier Theodore Roosevelt is currently ported in Guam in an effort to stop an outbreak of COVID-19 on board. (MC3 Nicholas Huynh/Navy)

Acting Secretary of the Navy Thomas Modly issued a series of sharp comments Monday while speaking to Theodore Roosevelt sailors about their ship's recently fired commanding officer, Capt. Brett Crozier.

Modly's comments, which were delivered over the aircraft carrier's 1MC, come in the wake of a [leaked letter Crozier penned](#) pleading for U.S. intervention to stifle a COVID-19 outbreak on the 4,800-person ship.

Cozier's letter, which was first published by the San Francisco Chronicle, was reportedly sent up the captain's immediate chain of command in a "non-secure, unclassified" email that

included "20 or 30" additional recipients, acting Navy Secretary Thomas Modly told reporters Thursday.

"It was a betrayal," Modly told sailors Monday, according to a recording of the message obtained by Navy Times.

"And I can tell you one other thing: because he did that he put it in the public's forum and it is now a big controversy in Washington, D.C. If he didn't think, in my opinion, that this information wasn't going to get out to the public, in this day and information age that we live in, then he was either A, too naïve or too stupid to be a commanding officer of a ship like this. The alternative is that he did this on purpose."

Crozier's letter, penned when only a small portion of the ship's crew had been evacuated, urged the Navy to remove the majority of the ship's sailors save for approximately 10 percent of the crew who would remain onboard to operate critical systems. The remainder would move into isolated quarantine in Guam.

"We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset: our Sailors," Crozier wrote in the letter.

In response, the Navy said it was working to evacuate a total of 2,700 sailors from the ship, but stressed that the entire crew could not depart the ship.

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The service subsequently made the decision to fire Crozier, who was cheered by the crew of the hulking aircraft carrier as walked along the gangway and departed the ship for the last time.

“Okay, that’s just not acceptable. ... When I have a commanding officer who’s responsible for a nuclear-powered aircraft carrier, with all that lethality and all that responsibility ... that demonstrated extremely poor judgement in the middle of a crisis,” Modly told reporters last week.

Crozier’s hasty dismissal prompted immediate backlash from lawmakers in the House Armed Services Committee who accused Modly of acting irrationally.

“Throwing the commanding officer overboard without a thorough investigation is not going to solve the growing crisis aboard the USS Theodore Roosevelt,” the committee’s statement read.

“What’s more, we are very concerned about the chilling effect this dismissal will have on commanders throughout the Department of Defense. Dismissing a commanding officer for speaking out on issues critical to the safety of those under their command discourages others from raising similar concerns.”

More than 250,000 people have since signed a petition calling for Crozier’s reinstatement.



Secretary of Defense Mark Esper said in an interview with CNN’s State of the Union on Sunday that the White House did not push for Crozier’s ouster and said Modly “laid out very reasonably and very deliberately the reasons” for removing Crozier.

The unceremonious conclusion to Crozier's command marked the end of tumultuous nine-day unraveling of one of the Navy's most stalwart vessels.

On March 24 the command first reported that [three of its sailors had tested positive for COVID-19](#). The infected crew were airlifted off of the ship as a precaution, but within one week confirmed cases in the ship's tight quarters spiked to nearly 100.

Navy officials responded by [ordering the carrier to port in Guam](#), just over two weeks after the Roosevelt visited Da Nang, Vietnam. The decision to continue as scheduled with the Vietnam port call was made at a time when the country had only 16 confirmed cases, all of which were reportedly confined to the northern city of Hanoi, Chief of Naval Operations Adm. Michael Gilday said.

Pierside in Guam, Crozier earnestly wrote the letter that would cost him his job within a matter of days.

"It raised alarm bells unnecessarily," Modly told reporters last week.

"It undermines our efforts and the chain of command's efforts to address this problem, and creates a panic and this perception that the Navy's not on the job, that the government's not on the job, and it's just not true."

Modly issued a statement Monday concerning his address to the Roosevelt sailors after the transcript and audio of the speech began circulating.

"The spoken words were from the heart, and meant for them," he said.

"I stand by every word I said, even, regrettably any profanity that may have been used for emphasis. Anyone who has served on a Navy ship would understand. I ask, but don't expect, that people read them in their entirety."

As of Monday, 173 sailors aboard the Roosevelt have tested positive for COVID-19, Navy officials said. Approximately 40 percent of the ship's crew is still awaiting testing.

On Sunday, it was reported that [Capt. Crozier was among those confirmed](#) to have contracted the novel coronavirus.

34.6K